

<i>SERFF Tracking Number:</i>	<i>EMCC-125400824</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>EMCASCO Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-WC-2007-07</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Rate Revision</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Companies: EMCASCO Insurance Company, Employers Mutual Casualty Company

Product Name: Rate Revision

SERFF Tr Num: EMCC-125400824 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 16.0004 Standard WC

Co Tr Num: AR-WC-2007-07

State Status: Fees verified and received

Filing Type: Rate

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Stephanie McBride

Disposition Date: 01/10/2008

Date Submitted: 12/28/2007

Disposition Status: Approved

Effective Date Requested (New): 02/01/2008

Effective Date (New): 02/01/2008

Effective Date Requested (Renewal): 02/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: AR-2007-10

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/10/2008

State Status Changed: 12/31/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

December 28, 2007

Honorable Julie Benafield Bowman

Commissioner of Insurance

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201-1904

<i>SERFF Tracking Number:</i>	<i>EMCC-125400824</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>EMCASCO Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-WC-2007-07</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Rate Revision</i>		
<i>Project Name/Number:</i>	<i>/</i>		

EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415

EMCASCO INSURANCE COMPANY – 062-21407

Workers Compensation

Rate Revision

Reference: AR-2007-10

Company File #: AR-WC-2007-07

Effective Date: February 1, 2008

The captioned companies are members of the National Council on Compensation Insurance and NCCI files the workers compensation program on our behalf. We are submitting for your approval our intent to adopt the loss costs found in reference AR-2007-10 effective February 1, 2008. With this revision we will also be adopting Item B-1403. The loss costs will be subject to the following loss cost multipliers with no capping:

Classes	EMCC	EMCASCO
5403, 5645, 7520	1.53	1.30
8107, 8116, 8380	1.34	1.14
5190	1.67	1.42
5445	1.98	1.68
All Others	1.76	1.50

The minimum premium multiplier will be revised from 175 to 185, the expense constant will be revised from \$180 to \$200, and the maximum minimum premium will be revised from \$850 to \$900. The minimum premiums will be calculated according to the following formulas:

Per Capita Classes: Rate + \$200, subject to a maximum of \$900

All Other Classes: (185 x class rate) + \$200, subject to a maximum of \$900

Maritime and Federal Classes: Same formula as "All Other Classes"

The rate level effect for this revision is 2.6% for EMCC, 0.0% for EMCASCO, and 2.6% overall. The premium level effect is 2.9% for EMCC, 0.0% for EMCASCO, and 2.9% overall.

SERFF Tracking Number:	EMCC-125400824	State:	Arkansas
First Filing Company:	EMCASCO Insurance Company, ...	State Tracking Number:	EFT \$100
Company Tracking Number:	AR-WC-2007-07		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Rate Revision		
Project Name/Number:	/		

Our filing is supplemented with the following:

\$100 filing fee (available via EFT)

Transmittal Document

Filing Forms RF-1 and RF-WC

Actuarial Memorandum

Five Year Experience for Deviated Classes

Rate Level Indications

Expense Provisions

Estimated Investment Earnings

Revised Manual Pages WC-R-001 – WC-R-011 and WC-RRX-1 – WC-RRX-4, replacing pages WC-R-001 – WC-R-010 and WC-RRX-1 – WC-RRX-3 currently filed

We respectfully request your approval of this revision to be applicable to policies written on or after February 1, 2008.

Thank you.

Stephanie McBride

Filings Analyst

Rates and Filings Dept.

800-247-2128 Ext. 2684

Stephanie.M.McBride@EMCIns.com

## Company and Contact

### Filing Contact Information

Stephanie McBride, Filings Analyst

PO Box 712

Des Moines, IA 50306-0712

Stephanie.M.McBride@EMCIns.com

(515) 345-2684 [Phone]

(515) 345-2223[FAX]

### Filing Company Information

EMCASCO Insurance Company

717 Mulberry Street

Des Moines, IA 50309

(800) 247-2128 ext. [Phone]

CoCode: 21407

Group Code: 62

Group Name:

FEIN Number: 42-6070764

State of Domicile: Iowa

Company Type: P & C

State ID Number:

SERFF Tracking Number:	EMCC-125400824	State:	Arkansas
First Filing Company:	EMCASCO Insurance Company, ...	State Tracking Number:	EFT \$100
Company Tracking Number:	AR-WC-2007-07		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Rate Revision		
Project Name/Number:	/		

Employers Mutual Casualty Company  
717 Mulberry Street  
Des Moines, IA 50309  
(800) 247-2128 ext. [Phone]

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CoCode: 21415  
Group Code: 62  
Group Name:  
FEIN Number: 42-0234980  
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State of Domicile: Iowa  
Company Type: P & C  
State ID Number:

<i>SERFF Tracking Number:</i>	<i>EMCC-125400824</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>EMCASCO Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-WC-2007-07</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Rate Revision</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMCASCO Insurance Company	\$100.00	12/28/2007	17270203
Employers Mutual Casualty Company	\$0.00	12/28/2007	

SERFF Tracking Number: EMCC-125400824

State: Arkansas

First Filing Company: EMCASCO Insurance Company, ...

State Tracking Number: EFT \$100

Company Tracking Number: AR-WC-2007-07

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: Rate Revision

Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/10/2008	01/10/2008
Approved	Carol Stiffler	12/31/2007	12/31/2007

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Manual Pages	Rate	Stephanie McBride	01/07/2008	01/07/2008
Manual Page	Rate	Stephanie McBride	01/07/2008	01/07/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Reopened filing to correct a miscellaneous value	Reviewer Note	Carol Stiffler	01/07/2008	

SERFF Tracking Number:	EMCC-125400824	State:	Arkansas
First Filing Company:	EMCASCO Insurance Company, ...	State Tracking Number:	EFT \$100
Company Tracking Number:	AR-WC-2007-07		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Rate Revision		
Project Name/Number:	/		

## Disposition

Disposition Date: 01/10/2008

Effective Date (New): 02/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
EMCASCO Insurance Company	%	\$		\$	%	%	%
Employers Mutual Casualty Company	%	\$		\$	%	%	%

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing

0.000%

Overall Percentage Rate Impact For This Filing

0.000%

Effect of Rate Filing-Written Premium Change For This Program

\$0

Effect of Rate Filing - Number of Policyholders Affected

0

SERFF Tracking Number:	EMCC-125400824	State:	Arkansas
First Filing Company:	EMCASCO Insurance Company, ...	State Tracking Number:	EFT \$100
Company Tracking Number:	AR-WC-2007-07		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Rate Revision		
Project Name/Number:	/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Actuarial Exhibits	Approved	Yes
Rate (revised)	Manual Pages	Approved	Yes
Rate	Manual Pages	Withdrawn	Yes
Rate	Manual Page	Approved	Yes



SERFF Tracking Number:	EMCC-125400824	State:	Arkansas
First Filing Company:	EMCASCO Insurance Company, ...	State Tracking Number:	EFT \$100
Company Tracking Number:	AR-WC-2007-07		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Rate Revision		
Project Name/Number:	/		

## Disposition

Disposition Date: 12/31/2007

Effective Date (New): 02/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
EMCASCO Insurance Company	%	\$		\$	%	%	%
Employers Mutual Casualty Company	%	\$		\$	%	%	%

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing

0.000%

Overall Percentage Rate Impact For This Filing

0.000%

Effect of Rate Filing-Written Premium Change For This Program

\$0

Effect of Rate Filing - Number of Policyholders Affected

0

SERFF Tracking Number:	EMCC-125400824	State:	Arkansas
First Filing Company:	EMCASCO Insurance Company, ...	State Tracking Number:	EFT \$100
Company Tracking Number:	AR-WC-2007-07		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Rate Revision		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
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Supporting Document	Actuarial Exhibits	Approved	Yes
Rate (revised)	Manual Pages	Approved	Yes
Rate	Manual Pages	Withdrawn	Yes
Rate	Manual Page	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>EMCC-125400824</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>EMCASCO Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-WC-2007-07</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Rate Revision</i>		
<i>Project Name/Number:</i>	<i>/</i>		

**Amendment Letter**

Amendment Date:

Submitted Date: 01/07/2008

**Comments:**

Per our e-mail correspondence, please see the attached revised manual page showing the correct value for the Maximum Payroll Remuneration for class codes 9178, 9179, and 9186. Please let me know if you need any additional information.

Thank you

Stephanie McBride

**Changed Items:**

**Rate/Rule Schedule Item Changes:**

<b>Exhibit Name:</b>	<b>Rule # or Page #:</b>	<b>Rate Action:</b>	<b>Previous State Filing Numbers:</b>	<b>Attach Document:</b>
Manual Pages	WC-R-001 - WC-R-011 and WC-RRX-1 - WC- RRX-4	Replacement		Manual Pages.pdf
<b>Exhibit Name:</b>	<b>Rule # or Page #:</b>	<b>Rate Action:</b>	<b>Previous State Filing Numbers:</b>	<b>Attach Document:</b>
Manual Page	WC-R-009	Replacement		Manual Page.pdf

<i>SERFF Tracking Number:</i>	<i>EMCC-125400824</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>EMCASCO Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-WC-2007-07</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Rate Revision</i>		
<i>Project Name/Number:</i>	<i>/</i>		

**Reviewer Note**

**Created By:**

Carol Stiffler on 01/07/2008 11:25 AM

**Subject:**

Reopened filing to correct a miscellaneous value

**Comments:**

This will acknowledge receipt of your email concerning a correction that needed to be made to the filing on a miscellaneous value. I am opening the filing for the correction. For the record below is the request by email:

Good morning Carol,

"I have a question on a workers comp filing that was submitted on 12/28/07 and approved on 12/31/07. It is company file number AR-WC-2007-07, Serff Tracking number EMCC-125400824. We have recently discovered that one of the miscellaneous values did not get updated. On page WC-R-009, the maximum payroll remuneration for class codes 9178, 9179, and 9186 should be \$2,400 rather than \$2,200. Is it possible for you to re-open this filing so we can submit the corrected manual page or do we need to submit a new filing? If we need to submit a new filing, what would be the appropriate fee? Please let me know at your earliest convenience. Thank you."

SERFF Tracking Number:	EMCC-125400824	State:	Arkansas
First Filing Company:	EMCASCO Insurance Company, ...	State Tracking Number:	EFT \$100
Company Tracking Number:	AR-WC-2007-07		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Rate Revision		
Project Name/Number:	/		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	Prior Approval
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	1.500%
<b>Effective Date of Last Rate Revision:</b>	09/01/2006
<b>Filing Method of Last Filing:</b>	Prior Approval

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
EMCASCO Insurance Company	%	%				%	%
Employers Mutual Casualty Company	%	%				%	%

## Overall Rate Information for Multiple Company Filings

<b>Overall % Rate Indicated:</b>	
<b>Overall Percentage Rate Impact For This Filing:</b>	
<b>Effect of Rate Filing - Written Premium Change For This Program:</b>	\$0

*SERFF Tracking Number:*                *EMCC-125400824*

*First Filing Company:*                *EMCASCO Insurance Company, ...*

*Company Tracking Number:*                *AR-WC-2007-07*

*TOI:*                *16.0 Workers Compensation*

*Product Name:*                *Rate Revision*

*Project Name/Number:*                */*

*State:*                *Arkansas*

*State Tracking Number:*                *EFT \$100*

*Sub-TOI:*                *16.0004 Standard WC*

**Effect of Rate Filing - Number of Policyholders Affected:**                **0**



SERFF Tracking Number:	EMCC-125400824	State:	Arkansas
First Filing Company:	EMCASCO Insurance Company, ...	State Tracking Number:	EFT \$100
Company Tracking Number:	AR-WC-2007-07		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Rate Revision		
Project Name/Number:	/		

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Manual Pages	WC-R-001 - WC-R-011 and WC-RRX-1 - WC-RRX-4	Replacement	Manual Pages.pdf
Approved	Manual Page	WC-R-009	Replacement	Manual Page.pdf



**COMMERCIAL LINES MANUAL**  
**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**ARKANSAS**

<b>CODE NO.</b>	<b>RATE INCL. DISEASE</b>	<b>MIN. PREM.</b>	<b>CODE NO.</b>	<b>RATE INCL. DISEASE</b>	<b>MIN. PREM.</b>	<b>CODE NO.</b>	<b>RATE INCL. DISEASE</b>	<b>MIN. PREM.</b>
0005	6.00	900	1642	4.77	900	2130	3.63	872
0008	3.68	881	1654	10.30	900	2131	2.22	611
0016	7.73	900	1655	5.74	900	2143	2.75	709
0034	5.26	900	1699	2.66	692	2157	4.75	900
0035	3.06	766	1701	4.42	900	2172	2.69	698
0036	5.09	900	1710E	8.25	900	2174	3.50	848
0037	5.51	900	1741E	2.20	607	2211	6.58	900
0042	8.92	900	1745X	3.63	872	2220	2.50	663
0050	6.79	900	1747	3.03	761	2286	1.85	542
0059D	0.37	268	1748	7.09	900	2288	5.77	900
0065D	0.07	213	1803D	6.79	900	2300	2.69	698
0066D	0.07	213	1852D	2.78	714	2302	2.36	637
0067D	0.07	213	1853	3.31	812	2305	3.12	777
0079	3.96	900	1860	1.90	552	2361	1.69	513
0083	10.40	900	1924	4.03	900	2362	2.27	620
0106	17.64	900	1925	3.33	816	2380	7.74	900
0113	5.90	900	2001	3.01	757	2386	1.51	479
0170	3.27	805	2002	4.17	900	2388	2.39	642
0251	6.64	900	2003	3.50	848	2402	2.89	735
0400	10.58	900	2014	6.60	900	2413	2.31	627
0401	15.44	900	2016	3.03	761	2416	2.39	642
0771*	0.39	272	2021	4.19	900	2417	2.22	611
0917	4.63	900	2039	5.76	900	2501	1.88	548
1005*	12.30	900	2041	4.95	900	2503	1.69	513
1016*	45.51	900	2065	1.53	483	2534	2.99	753
1164E	9.01	900	2070	6.30	900	2570	6.07	900
1165E	8.59	900	2081	5.44	900	2585	3.34	818
1320	3.63	872	2089	3.40	829	2586	1.27	435
1322	14.61	900	2095	4.03	900	2587	2.71	701
1430	6.58	900	2105	3.12	777	2589	2.01	572
1438	3.38	825	2110	2.80	718	2600	6.07	900
1452	2.32	629	2111	2.53	668	2623	3.15	783
1463	14.47	900	2112	3.22	796	2651	2.80	718
1472	4.40	900	2114	3.87	900	2660	1.97	564
1624E	9.52	900	2121	2.46	655	2670	2.94	744

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

**COMMERCIAL LINES MANUAL**  
**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**ARKANSAS**

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
2683	2.53	668	3076	3.47	842	3336	3.08	770
2688	3.63	872	3081D	3.19	790	3365	12.16	900
2701	9.87	900	3082D	5.05	900	3372	3.41	831
2702X	33.90	900	3085D	3.73	890	3373	4.26	900
2710	10.44	900	3110	3.80	900	3383	1.21	424
2714	6.28	900	3111	3.78	899	3385	1.11	405
2719X	13.69	900	3113	2.71	701	3400	3.24	799
2731	4.59	900	3114	3.20	792	3507	3.66	877
2735	3.73	890	3118	1.80	533	3515	2.96	748
2759	9.31	900	3119	1.36	452	3548	1.57	490
2790	1.76	526	3122	1.44	466	3559	2.71	701
2802	8.11	900	3126	2.46	655	3574	1.50	478
2812	5.44	900	3131	1.13	409	3581	1.51	479
2835	2.08	585	3132	2.57	675	3612	2.78	714
2836	2.96	748	3145	2.39	642	3620	7.64	900
2841	5.16	900	3146	3.22	796	3629	2.39	642
2881	2.85	727	3169	3.31	812	3632	3.87	900
2883	5.40	900	3175D	3.64	873	3634	2.39	642
2913	3.89	900	3179	2.97	749	3635	2.24	614
2915	4.82	900	3180	2.66	692	3638	1.99	568
2916	3.08	770	3188	1.78	529	3642	1.16	415
2923	2.55	672	3220	2.52	666	3643	3.77	897
2942	3.03	761	3223	4.07	900	3647	4.05	900
2960	3.78	899	3224	3.33	816	3648	2.64	688
3004	3.22	796	3227	2.22	611	3681	1.76	526
3018	3.87	900	3240	4.17	900	3685	2.31	627
3022	4.15	900	3241	3.70	885	3719	4.26	900
3027	3.77	897	3255	3.27	805	3724	8.40	900
3028	3.96	900	3257	3.36	822	3726	4.49	900
3030	5.23	900	3270	5.51	900	3803	2.32	629
3040	5.19	900	3300	4.61	900	3807	2.01	572
3041	4.49	900	3303	4.54	900	3808	3.43	835
3042	4.07	900	3307	4.45	900	3821	5.28	900
3064	5.81	900	3315	3.33	816	3822	3.45	838
3069	8.43	900	3334	3.17	786	3824	6.05	900

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

**COMMERCIAL LINES MANUAL**  
**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**ARKANSAS**

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
3826	1.30	441	4282	2.73	705	4693	1.09	402
3827	1.50	478	4283	2.94	744	4703	2.90	737
3830	1.44	466	4299	1.88	548	4717	3.04	762
3851	3.59	864	4304	3.48	844	4720	4.98	900
3865	1.62	500	4307	3.38	825	4740	1.88	548
3881	4.77	900	4351	1.37	453	4741	2.25	616
4000	9.29	900	4352	1.28	437	4751	2.39	642
4021	5.63	900	4360	1.00	385	4771*	2.24	614
4024E	2.13	594	4361	1.69	513	4777	2.22	611
4034	8.64	900	4362	1.36	452	4825	0.95	376
4036	3.31	812	4410	3.68	881	4828	1.80	533
4038	2.66	692	4420	4.36	900	4829	1.95	561
4053	4.05	900	4431	1.85	542	4902	2.15	598
4061	5.42	900	4432	1.99	568	4923	1.43	465
4062	3.92	900	4439	2.34	633	5020	7.23	900
4101	2.48	659	4452	4.29	900	5022	7.90	900
4111	2.92	740	4459	2.64	688	5037	22.05	900
4112	1.20	422	4470	2.85	727	5040	25.77	900
4113	2.11	590	4484	2.94	744	5057	20.29	900
4114	3.03	761	4493	3.54	855	5059	29.13	900
4130	7.04	900	4511	0.86	359	5069	28.00	900
4131	3.40	829	4557	2.29	624	5102	5.39	900
4133	3.24	799	4558	2.36	637	5146	6.37	900
4150	1.64	503	4561	2.39	642	5160	5.67	900
4206	5.00	900	4568	3.36	822	5183	4.10	900
4207	1.44	466	4581	2.11	590	5188	6.83	900
4239	1.67	509	4583	5.76	900	5190	3.79	900
4240	3.68	881	4611	1.18	418	5191X	2.24	614
4243	1.80	533	4635	4.82	900	5192	5.03	900
4244	2.96	748	4653	1.69	513	5213	9.68	900
4250	1.87	546	4665	8.57	900	5215	5.07	900
4251	2.08	585	4670	5.51	900	5221	5.16	900
4263	2.99	753	4683	5.84	900	5222	12.69	900
4273	2.04	577	4686	1.44	466	5223	6.93	900
4279	2.22	611	4692	0.46	285	5348	4.84	900

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

**COMMERCIAL LINES MANUAL**  
**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**ARKANSAS**

<b>CODE NO.</b>	<b>RATE INCL. DISEASE</b>	<b>MIN. PREM.</b>	<b>CODE NO.</b>	<b>RATE INCL. DISEASE</b>	<b>MIN. PREM.</b>	<b>CODE NO.</b>	<b>RATE INCL. DISEASE</b>	<b>MIN. PREM.</b>
5402	6.35	900	6216	6.62	900	7420x*	27.40	900
5403	11.25	900	6217	6.18	900	7421	2.85	727
5437	5.93	900	6229	5.17	900	7422	3.15	783
5443	4.72	900	6233	9.50	900	7423x	3.59	864
5445	6.75	900	6235	14.38	900	7425	4.44	900
5462	7.81	900	6236	16.42	900	7431*	2.46	655
5472	6.46	900	6237	4.51	900	7445*	1.02	389
5473	6.58	900	6251D	9.79	900	7453*	1.32	444
5474	9.15	900	6252D	8.87	900	7502	3.73	890
5478	5.61	900	6260D	6.72	900	7515	1.37	453
5479	13.11	900	6306	6.95	900	7520	3.32	814
5480	12.81	900	6319	6.95	900	7538	12.21	900
5491	2.75	709	6325	6.46	900	7539	7.76	900
5506	5.61	900	6400	8.68	900	7540	5.16	900
5507	7.34	900	6504	3.03	761	7580	2.60	681
5508D	9.33	900	6811	7.09	900	7590	5.54	900
5535	8.43	900	6834	5.30	900	7600	3.77	897
5537	7.04	900	6836	11.62	900	7601	15.10	900
5551	18.37	900	6854	6.69	900	7605	4.22	900
5606	2.48	659	6882	7.66	900	7610	0.60	311
5610	8.71	900	6884	16.81	900	7611	7.48	900
5645	12.65	900	7133	4.42	900	7612	20.82	900
5651	11.79	900	7222	12.60	900	7613	5.98	900
5703	126.83	900	7228X	9.87	900	7705	3.48	844
5705	6.39	900	7229X	9.82	900	7710	8.41	900
5951	0.48	289	7230	4.80	900	7711	8.41	900
6003	13.11	900	7231	10.61	900	7720X	3.48	844
6005	8.64	900	7232	18.06	900	7855	7.60	900
6017	5.46	900	7360	7.44	900	8001	3.10	774
6018	2.78	714	7370	6.44	900	8002	4.07	900
6045	3.73	890	7380X	5.23	900	8006	2.85	727
6204	12.18	900	7382	3.54	855	8008	1.48	474
6206	9.38	900	7390	4.47	900	8010	2.73	705
6213	14.52	900	7403x	3.59	864	8013	0.63	317
6214	3.50	848	7405*	1.90	552	8015	0.88	363

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**COMMERCIAL LINES MANUAL**  
**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**ARKANSAS**

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
8017	1.51	479	8293	10.45	900	8869	0.95	376
8018X*	3.40	829	8295X	7.59	900	8871	0.32	259
8021	2.18	603	8304	9.05	900	8901	0.37	268
8031	3.96	900	8350	6.62	900	9012	2.13	594
8032	2.04	577	8380	3.40	829	9014	2.97	749
8033	2.48	659	8381	1.78	529	9015X	3.52	851
8039	1.85	542	8385	3.41	831	9016	6.30	900
8044	4.07	900	8392	4.40	900	9019	4.24	900
8045	0.58	307	8393	2.08	585	9033	2.31	627
8046	3.61	868	8500	6.42	900	9040*	4.45	900
8047	1.55	487	8601	0.88	363	9052	2.24	614
8058	3.64	873	8606	4.56	900	9058	2.18	603
8072	0.83	354	8719	2.27	620	9059	3.75	894
8102	3.36	822	8720	1.51	479	9060	2.29	624
8103	5.93	900	8721	0.51	294	9061	1.74	522
8105	6.00	900	8742X	0.65	320	9063	1.39	457
8106	5.60	900	8745	5.93	900	9082	2.09	587
8107	3.93	900	8748	0.53	298	9083	1.87	546
8111	4.01	900	8755	0.37	268	9084	2.59	679
8116	4.42	900	8799	1.23	428	9089	1.67	509
8203	7.85	900	8800	1.23	428	9093	1.87	546
8204	7.92	900	8803	0.11	220	9101	3.89	900
8209	3.89	900	8810	0.32	259	9102	3.82	900
8215	6.97	900	8820	0.28	252	9154	3.12	777
8227	5.53	900	8824	3.61	868	9156	1.78	529
8232	8.18	900	8825	2.99	753	9170	2.97	749
8233	6.18	900	8826	2.87	731	9178	31.80	900
8235	5.17	900	8829	3.41	831	9179	55.51	900
8263	11.62	900	8831	3.78	899	9180	5.51	900
8264	5.16	900	8832	0.35	265	9182	3.40	829
8265	12.23	900	8833X*	1.43	465	9186	69.19	900
8279	13.22	900	8835	2.75	709	9220	4.80	900
8288	8.57	900	8842	1.50	478	9402	6.69	900
8291	3.12	777	8864	1.50	478	9403	8.22	900
8292	3.78	899	8868	0.51	294	9410	2.50	663

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

## ARKANSAS

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
9501	6.14	900	6872F	27.70	900	7398	33.05	900
9505	4.51	900	6874F	49.21	900	8734	0.88	363
9516	3.59	864	7309F	34.14	900	8737	0.79	346
9519	3.13	779	7313F	7.87	900	8738	1.39	457
9521	6.72	900	7317F	12.60	900	8805	0.42	278
9522	1.95	561	7327F	27.47	900	8814	0.39	272
9534	9.52	900	7350F	29.83	900	8815	0.69	328
9554	11.00	900	8709F	10.38	900			
9586	0.93	372	8726F	12.34	900			
9600	2.06	581	9077F	5.05	900			
9620	1.55	487						
			MARITIME AND FEDERAL CLASSIFICATIONS					
			6702*	9.24	900			
			6703*	16.26	900			
			6704*	10.26	900			
			7016	6.95	900			
	PER CAPITA		7024	7.73	900			
0908	157.00	357	7038	8.25	900			
0913	419.00	619	7046	36.36	900			
			7047	12.25	900			
			7050	14.54	900			
			7090	9.17	900			
			7098	40.41	900			
			7099	64.05	900			
			7151	5.37	900			
	F		7152	9.45	900			
	CLASSIFICATIONS		7153	5.97	900			
6801F	17.74	900	7333	9.36	900			
6824F	30.66	900	7335	10.40	900			
6826F	14.84	900	7337	16.49	900			
6843F	20.38	900	7394	18.78	900			
6845F	23.99	900	7395	20.86	900			

**REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.**

**LEGEND**

- A** Rate for each individual risk must be obtained by Home Office from Rating Organization having jurisdiction.
- D** Special Disease Rule for this classification-See Rule 3-A-7 of NCCI Basic Manual – Disease Loading.
- E** Classification involving specific disease loading. Refer to Home Office for amount.
- F** Rate provides for coverage under the United States Longshore and Harbor Workers' Compensation Act and its extensions. The rate contains a provision for federal assessment.
- M** Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for federal assessment is included for those classifications under Program II USL Act.
- X** Refer to special classification phraseology in the NCCI Manual which is applicable in this state.

**MISCELLANEOUS VALUES**

- \* Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 ..... \$200
- Premium Discount Percentages – the following premium discounts are applicable to Standard Premiums.

			Stock
First	\$ 5,000	..... —	—
Next	95,000	..... “a”	10.9%
Next	400,000	..... “b”	12.6%
Over	500,000	..... “c”	14.4%

**FOOTNOTES\***

- \* **Code 1005:** Rate includes a non-ratable disease element of \$5.02. (For coverage written separately for federal benefits only, \$3.78. For coverage written separately for state benefits only, \$1.23.)
- \* **Code 1016:** Rate includes a non-ratable disease element of \$20.06. (For coverage written separately for federal benefits only, \$15.12. For coverage written separately for state benefits only \$4.95.) It also includes a catastrophe loading of \$0.18. Refer to the manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of this classification code.
- Code 6702** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate and elr each x 1.215.
- \* **Code 6703** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate x 2.140 and elr x 1.982.
- Code 6704** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate and elr each x 1.35.
- Codes 7420** Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. The ELR on the rate page should be applied to policies with effective dates on or after January 1, 2005.
- Code 8018:** See Arkansas Special Classification for Warehousing groceries exclusively.
- \* **Code 8833:** The ex-medical rate for this classification is \$.76. A charge of \$.18 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- \* **Code 9040** The ex-medical rate for this classification is \$2.18. A charge of \$.18 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

### Non-Ratable Portions of Codes

For Non-Ratable portions of Rates for Codes shown below, refer to corresponding code indicated.

For Non-Ratable Portion of Code	Refer To Code
4771	0771
7405	7445
7431	7453

\*

**Premium Reduction Percentages** – The following percentages are applicable by hazard group.

Applicable to TOTAL LOSSES	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	6.8%	5.5%	4.8%	4.0%	3.3%	2.3%	1.8%
Percentage premium reduction for employers electing a \$1,500 deductible	8.2%	6.8%	5.9%	5.0%	4.2%	3.0%	2.3%
Percentage premium reduction for employers electing a \$2,000 deductible	9.4%	7.7%	6.7%	5.8%	4.9%	3.5%	2.7%
Percentage premium reduction for employers electing a \$2,500 deductible	10.4%	8.7%	7.5%	6.5%	5.5%	4.0%	3.1%
Percentage premium reduction for employers electing a \$3,000 deductible	11.3%	9.4%	8.2%	7.1%	6.1%	4.5%	3.4%
Percentage premium reduction for employers electing a \$3,500 deductible	12.1%	10.1%	8.9%	7.7%	6.6%	4.9%	3.8%
Percentage premium reduction for employers electing a \$4,000 deductible	12.9%	10.8%	9.5%	8.2%	7.1%	5.3%	4.1%
Percentage premium reduction for employers electing a \$4,500 deductible	13.6%	11.4%	10.1%	8.8%	7.5%	5.7%	4.4%
Percentage premium reduction for employers electing a \$5,000 deductible	14.3%	12.0%	10.6%	9.3%	8.0%	6.1%	4.7%



\*

**Miscellaneous Values**

Basis of premium applicable in accordance with the footnote instructions for Code 7370 – "Taxicab Co.":		
Employee operated vehicle		\$46,220.00
Leased or rented vehicle		\$30,813.00
Aviation – Aerial Application, Seeding, Herding, or Scintillometer Surveying – "Flying Crew" maximum payroll per week per employee Code 7420		\$600
Maximum Payroll Remuneration applicable in accordance with Basic Manual Rule 2-E-1 – "Executive Officers" and the footnote instructions for: Code 9178 – "Athletic Team: Non-Contact Sports," Code 9179 – "Athletic Team: Contact Sports," and Code 9186 – "Carnival – Traveling"		\$2,200.00
Minimum Payroll Remuneration applicable in accordance with Basic Manual Rule 2-E-1 – "Executive Officers"		\$300.00
Per Passenger Seat Surcharge – In accordance with the footnote instructions for classification Code 7421, the surcharge is:		
Maximum surcharge per aircraft		\$1,000.00
Per passenger seat		\$100.00
Premium Determination for Partners and Sole Proprietors in accordance with Basic Manual Rule 2-E-3		\$30,800.00
United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Rule 3-A-4 "U.S. Longshore and Harbor Workers' Compensation Act" of the Basic Manual.		90%

\*

(Multiply a Non-"F" classification rate by a factor of 1.90 to adjust for differences in benefits and loss-based expenses. This factor is the product for differences in benefits (1.67) and for differences in loss-based expenses (1.139)).

\* **Premium Reduction Percentages** – The following percentages are applicable by hazard group.

Applicable to INDEMNITY LOSSES ONLY	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	1.5%	1.2%	1.1%	1.0%	0.9%	0.8%	0.6%
Percentage premium reduction for employers electing a \$1,500 deductible	2.0%	1.7%	1.5%	1.4%	1.3%	1.1%	0.8%
Percentage premium reduction for employers electing a \$2,000 deductible	2.5%	2.1%	1.9%	1.8%	1.6%	1.4%	1.0%
Percentage premium reduction for employers electing a \$2,500 deductible	2.9%	2.5%	2.3%	2.1%	1.9%	1.6%	1.2%
Percentage premium reduction for employers electing a \$3,000 deductible	3.3%	2.8%	2.6%	2.4%	2.2%	1.8%	1.4%
Percentage premium reduction for employers electing a \$3,500 deductible	3.7%	3.1%	2.9%	2.7%	2.4%	2.1%	1.6%
Percentage premium reduction for employers electing a \$4,000 deductible	4.0%	3.4%	3.2%	3.0%	2.6%	2.3%	1.8%
Percentage premium reduction for employers electing a \$4,500 deductible	4.4%	3.7%	3.4%	3.2%	2.9%	2.4%	1.9%
Percentage premium reduction for employers electing a \$5,000 deductible	4.7%	4.0%	3.7%	3.4%	3.1%	2.6%	2.1%

\*

Applicable to MEDICAL LOSSES ONLY	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	6.6%	5.4%	4.6%	3.8%	3.2%	2.2%	1.7%
Percentage premium reduction for employers electing a \$1,500 deductible	7.8%	6.4%	5.6%	4.7%	3.9%	2.8%	2.1%
Percentage premium reduction for employers electing a \$2,000 deductible	8.9%	7.3%	6.3%	5.4%	4.6%	3.2%	2.5%
Percentage premium reduction for employers electing a \$2,500 deductible	9.7%	8.0%	7.0%	5.9%	5.1%	3.6%	2.8%
Percentage premium reduction for employers electing a \$3,000 deductible	10.4%	8.7%	7.5%	6.4%	5.5%	4.0%	3.1%
Percentage premium reduction for employers electing a \$3,500 deductible	11.1%	9.2%	8.0%	6.9%	5.9%	4.3%	3.3%
Percentage premium reduction for employers electing a \$4,000 deductible	11.6%	9.7%	8.5%	7.3%	6.3%	4.6%	3.6%
Percentage premium reduction for employers electing a \$4,500 deductible	12.1%	10.2%	8.9%	7.7%	6.6%	4.9%	3.8%
Percentage premium reduction for employers electing a \$5,000 deductible	12.7%	10.6%	9.3%	8.0%	6.9%	5.2%	4.0%

**TABLE OF SPECIFIC DISEASE LOADINGS**

**DISEASE SYMBOLS**

**Asb** = Asbestos **S** = Silica

\*

Code No.		Specific Disease Loadings	Disease Symbol
0059	D	0.37	S
0065	D	0.07	S
0066	D	0.07	S
0067	D	0.07	S
1164	E	0.11	S
1165	E	0.05	S
1624	E	0.05	S
1710	E	0.07	S
1741	E	0.30	S
1803	D	0.30	S
1852	D	0.05	Asb
3081	D	0.05	S
3082	D	0.07	S
3085	D	0.07	S
3175	D	0.04	S
4024	E	0.02	S
5508	D	0.04	S
6251	D	0.07	S
6252	D	0.05	S
6260	D	0.04	S

**Miscellaneous Values**

\*

Foreign Terrorism.....0.04  
Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (DTEC) .....0.02

**COMMERCIAL LINES MANUAL**  
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**ARKANSAS**

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0005	5.12	900	1642	4.07	900	2130	3.09	772
0008	3.14	781	1654	8.78	900	2131	1.89	550
0016	6.59	900	1655	4.89	900	2143	2.34	633
0034	4.49	900	1699	2.27	620	2157	4.05	900
0035	2.61	683	1701	3.77	897	2172	2.30	626
0036	4.34	900	1710E	7.04	900	2174	2.99	753
0037	4.70	900	1741E	1.88	548	2211	5.61	900
0042	7.61	900	1745X	3.09	772	2220	2.13	594
0050	5.79	900	1747	2.58	677	2286	1.58	492
0059D	0.32	259	1748	6.05	900	2288	4.92	900
0065D	0.06	211	1803D	5.79	900	2300	2.30	626
0066D	0.06	211	1852D	2.37	638	2302	2.01	572
0067D	0.06	211	1853	2.82	722	2305	2.66	692
0079	3.38	825	1860	1.62	500	2361	1.44	466
0083	8.87	900	1924	3.44	836	2362	1.94	559
0106	15.03	900	1925	2.84	725	2380	6.60	900
0113	5.03	900	2001	2.57	675	2386	1.29	439
0170	2.79	716	2002	3.56	859	2388	2.04	577
0251	5.66	900	2003	2.99	753	2402	2.46	655
0400	9.02	900	2014	5.63	900	2413	1.97	564
0401	13.16	900	2016	2.58	677	2416	2.04	577
0771*	0.33	261	2021	3.57	860	2417	1.89	550
0917	3.95	900	2039	4.91	900	2501	1.61	498
1005*	10.49	900	2041	4.22	900	2503	1.44	466
1016*	38.79	900	2065	1.31	442	2534	2.55	672
1164E	7.68	900	2070	5.37	900	2570	5.18	900
1165E	7.32	900	2081	4.64	900	2585	2.85	727
1320	3.09	772	2089	2.90	737	2586	1.08	400
1322	12.45	900	2095	3.44	836	2587	2.31	627
1430	5.61	900	2105	2.66	692	2589	1.71	516
1438	2.88	733	2110	2.39	642	2600	5.18	900
1452	1.98	566	2111	2.16	600	2623	2.69	698
1463	12.33	900	2112	2.75	709	2651	2.39	642
1472	3.75	894	2114	3.30	811	2660	1.68	511
1624E	8.12	900	2121	2.10	589	2670	2.51	664

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

**COMMERCIAL LINES MANUAL**  
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**ARKANSAS**

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
2683	2.16	600	3076	2.96	748	3336	2.63	687
2688	3.09	772	3081D	2.72	703	3365	10.37	900
2701	8.42	900	3082D	4.31	900	3372	2.91	738
2702X	28.89	900	3085D	3.18	788	3373	3.63	872
2710	8.90	900	3110	3.24	799	3383	1.04	392
2714	5.36	900	3111	3.23	798	3385	0.95	376
2719X	11.67	900	3113	2.31	627	3400	2.76	711
2731	3.92	900	3114	2.73	705	3507	3.12	777
2735	3.18	788	3118	1.53	483	3515	2.52	666
2759	7.94	900	3119	1.16	415	3548	1.34	448
2790	1.50	478	3122	1.23	428	3559	2.31	627
2802	6.92	900	3126	2.10	589	3574	1.28	437
2812	4.64	900	3131	0.96	378	3581	1.29	439
2835	1.77	527	3132	2.19	605	3612	2.37	638
2836	2.52	666	3145	2.04	577	3620	6.51	900
2841	4.40	900	3146	2.75	709	3629	2.04	577
2881	2.43	650	3169	2.82	722	3632	3.30	811
2883	4.61	900	3175D	3.11	775	3634	2.04	577
2913	3.32	814	3179	2.54	670	3635	1.91	553
2915	4.11	900	3180	2.27	620	3638	1.70	515
2916	2.63	687	3188	1.52	481	3642	0.99	383
2923	2.18	603	3220	2.15	598	3643	3.21	794
2942	2.58	677	3223	3.47	842	3647	3.45	838
2960	3.23	798	3224	2.84	725	3648	2.25	616
3004	2.75	709	3227	1.89	550	3681	1.50	478
3018	3.30	811	3240	3.56	859	3685	1.97	564
3022	3.54	855	3241	3.15	783	3719	3.63	872
3027	3.21	794	3255	2.79	716	3724	7.16	900
3028	3.38	825	3257	2.87	731	3726	3.83	900
3030	4.46	900	3270	4.70	900	3803	1.98	566
3040	4.43	900	3300	3.93	900	3807	1.71	516
3041	3.83	900	3303	3.87	900	3808	2.93	742
3042	3.47	842	3307	3.80	900	3821	4.50	900
3064	4.95	900	3315	2.84	725	3822	2.94	744
3069	7.19	900	3334	2.70	700	3824	5.16	900

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

**COMMERCIAL LINES MANUAL**  
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**ARKANSAS**

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
3826	1.11	405	4282	2.33	631	4693	0.93	372
3827	1.28	437	4283	2.51	664	4703	2.48	659
3830	1.23	428	4299	1.61	498	4717	2.60	681
3851	3.06	766	4304	2.97	749	4720	4.25	900
3865	1.38	455	4307	2.88	733	4740	1.61	498
3881	4.07	900	4351	1.17	416	4741	1.92	555
4000	7.92	900	4352	1.10	404	4751	2.04	577
4021	4.80	900	4360	0.86	359	4771*	1.91	553
4024E	1.82	537	4361	1.44	466	4777	1.89	550
4034	7.37	900	4362	1.16	415	4825	0.81	350
4036	2.82	722	4410	3.14	781	4828	1.53	483
4038	2.27	620	4420	3.72	888	4829	1.67	509
4053	3.45	838	4431	1.58	492	4902	1.83	539
4061	4.62	900	4432	1.70	515	4923	1.22	426
4062	3.35	820	4439	2.00	570	5020	6.17	900
4101	2.12	592	4452	3.66	877	5022	6.74	900
4111	2.49	661	4459	2.25	616	5037	18.80	900
4112	1.02	389	4470	2.43	650	5040	21.96	900
4113	1.80	533	4484	2.51	664	5057	17.30	900
4114	2.58	677	4493	3.02	759	5059	24.83	900
4130	6.00	900	4511	0.74	337	5069	23.87	900
4131	2.90	737	4557	1.95	561	5102	4.59	900
4133	2.76	711	4558	2.01	572	5146	5.43	900
4150	1.40	459	4561	2.04	577	5160	4.83	900
4206	4.26	900	4568	2.87	731	5183	3.50	848
4207	1.23	428	4581	1.80	533	5188	5.82	900
4239	1.43	465	4583	4.91	900	5190	3.22	796
4240	3.14	781	4611	1.01	387	5191X	1.91	553
4243	1.53	483	4635	4.11	900	5192	4.29	900
4244	2.52	666	4653	1.44	466	5213	8.25	900
4250	1.59	494	4665	7.31	900	5215	4.32	900
4251	1.77	527	4670	4.70	900	5221	4.40	900
4263	2.55	672	4683	4.98	900	5222	10.82	900
4273	1.74	522	4686	1.23	428	5223	5.91	900
4279	1.89	550	4692	0.39	272	5348	4.13	900

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CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
5402	5.42	900	6216	5.64	900	7420x*	23.36	900
5403	9.56	900	6217	5.27	900	7421	2.43	650
5437	5.06	900	6229	4.41	900	7422	2.69	698
5443	4.02	900	6233	8.10	900	7423x	3.06	766
5445	5.73	900	6235	12.26	900	7425	3.78	899
5462	6.66	900	6236	14.00	900	7431*	2.10	589
5472	5.51	900	6237	3.84	900	7445*	0.87	361
5473	5.61	900	6251D	8.34	900	7453*	1.13	409
5474	7.80	900	6252D	7.56	900	7502	3.18	788
5478	4.79	900	6260D	5.73	900	7515	1.17	416
5479	11.18	900	6306	5.93	900	7520	2.82	722
5480	10.92	900	6319	5.93	900	7538	10.41	900
5491	2.34	633	6325	5.51	900	7539	6.62	900
5506	4.79	900	6400	7.40	900	7540	4.40	900
5507	6.26	900	6504	2.58	677	7580	2.22	611
5508D	7.95	900	6811	6.05	900	7590	4.73	900
5535	7.19	900	6834	4.52	900	7600	3.21	794
5537	6.00	900	6836	9.90	900	7601	12.87	900
5551	15.66	900	6854	5.70	900	7605	3.60	866
5606	2.12	592	6882	6.53	900	7610	0.51	294
5610	7.43	900	6884	14.33	900	7611	6.38	900
5645	10.75	900	7133	3.77	897	7612	17.75	900
5651	10.05	900	7222	10.74	900	7613	5.10	900
5703	108.09	900	7228X	8.42	900	7705	2.97	749
5705	5.45	900	7229X	8.37	900	7710	7.17	900
5951	0.41	276	7230	4.10	900	7711	7.17	900
6003	11.18	900	7231	9.05	900	7720X	2.97	749
6005	7.37	900	7232	15.39	900	7855	6.48	900
6017	4.65	900	7360	6.35	900	8001	2.64	688
6018	2.37	638	7370	5.49	900	8002	3.47	842
6045	3.18	788	7380X	4.46	900	8006	2.43	650
6204	10.38	900	7382	3.02	759	8008	1.26	433
6206	8.00	900	7390	3.81	900	8010	2.33	631
6213	12.38	900	7403x	3.06	766	8013	0.54	300
6214	2.99	753	7405*	1.62	500	8015	0.75	339

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**ARKANSAS**

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
8017	1.29	439	8293	8.91	900	8869	0.81	350
8018X*	2.90	737	8295X	6.47	900	8871	0.27	250
8021	1.86	544	8304	7.71	900	8901	0.32	259
8031	3.38	825	8350	5.64	900	9012	1.82	537
8032	1.74	522	8380	2.90	737	9014	2.54	670
8033	2.12	592	8381	1.52	481	9015X	3.00	755
8039	1.58	492	8385	2.91	738	9016	5.37	900
8044	3.47	842	8392	3.75	894	9019	3.62	870
8045	0.50	293	8393	1.77	527	9033	1.97	564
8046	3.08	770	8500	5.48	900	9040*	3.80	900
8047	1.32	444	8601	0.75	339	9052	1.91	553
8058	3.11	775	8606	3.89	900	9058	1.86	544
8072	0.71	331	8719	1.94	559	9059	3.20	792
8102	2.87	731	8720	1.29	439	9060	1.95	561
8103	5.06	900	8721	0.44	281	9061	1.49	476
8105	5.12	900	8742X	0.56	304	9063	1.19	420
8106	4.77	900	8745	5.06	900	9082	1.79	531
8107	3.34	818	8748	0.45	283	9083	1.59	494
8111	3.42	833	8755	0.32	259	9084	2.21	609
8116	3.76	896	8799	1.05	394	9089	1.43	465
8203	6.69	900	8800	1.05	394	9093	1.59	494
8204	6.75	900	8803	0.09	217	9101	3.32	814
8209	3.32	814	8810	0.27	250	9102	3.26	803
8215	5.94	900	8820	0.24	244	9154	2.66	692
8227	4.71	900	8824	3.08	770	9156	1.52	481
8232	6.98	900	8825	2.55	672	9170	2.54	670
8233	5.27	900	8826	2.45	653	9178	27.11	900
8235	4.41	900	8829	2.91	738	9179	47.31	900
8263	9.90	900	8831	3.23	798	9180	4.70	900
8264	4.40	900	8832	0.30	256	9182	2.90	737
8265	10.43	900	8833X*	1.22	426	9186	58.97	900
8279	11.27	900	8835	2.34	633	9220	4.10	900
8288	7.31	900	8842	1.28	437	9402	5.70	900
8291	2.66	692	8864	1.28	437	9403	7.01	900
8292	3.23	798	8868	0.44	281	9410	2.13	594

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.



## ARKANSAS

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
9501	5.24	900	6872F	23.61	900	7398	28.17	900
9505	3.84	900	6874F	41.94	900	8734	0.75	339
9516	3.06	766	7309F	29.10	900	8737	0.68	326
9519	2.67	694	7313F	6.71	900	8738	1.19	420
9521	5.73	900	7317F	10.74	900	8805	0.36	267
9522	1.67	509	7327F	23.42	900	8814	0.33	261
9534	8.12	900	7350F	25.43	900	8815	0.59	309
9554	9.38	900	8709F	8.85	900			
9586	0.80	348	8726F	10.52	900			
9600	1.76	526	9077F	4.31	900			
9620	1.32	444						
			MARITIME AND FEDERAL CLASSIFICATIONS					
			6702*	7.88	900			
			6703*	13.86	900			
			6704*	8.75	900			
			7016	5.93	900			
	PER CAPITA		7024	6.59	900			
0908	134.00	334	7038	7.04	900			
0913	357.00	557	7046	30.99	900			
			7047	10.44	900			
			7050	12.39	900			
			7090	7.82	900			
			7098	34.44	900			
			7099	54.59	900			
			7151	4.58	900			
	F		7152	8.06	900			
	CLASSIFICATIONS		7153	5.09	900			
6801F	15.12	900	7333	7.98	900			
6824F	26.13	900	7335	8.87	900			
6826F	12.65	900	7337	14.06	900			
6843F	17.37	900	7394	16.01	900			
6845F	20.45	900	7395	17.78	900			

**REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.**

**LEGEND**

- A** Rate for each individual risk must be obtained by Home Office from Rating Organization having jurisdiction.
- D** Special Disease Rule for this classification-See Rule 3-A-7 of NCCI Basic Manual – Disease Loading.
- E** Classification involving specific disease loading. Refer to Home Office for amount.
- F** Rate provides for coverage under the United States Longshore and Harbor Workers' Compensation Act and its extensions. The rate contains a provision for federal assessment.
- M** Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for federal assessment is included for those classifications under Program II USL Act.
- X** Refer to special classification phraseology in the NCCI Manual which is applicable in this state.

**MISCELLANEOUS VALUES**

- \* Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 ..... \$200
- Premium Discount Percentages – the following premium discounts are applicable to Standard Premiums.

			Stock
First	\$ 5,000	..... —	—
Next	95,000	..... “a”	10.9%
Next	400,000	..... “b”	12.6%
Over	500,000	..... “c”	14.4%

**FOOTNOTES\***

- \* **Code 1005:** Rate includes a non-ratable disease element of \$4.28. (For coverage written separately for federal benefits only, \$3.23. For coverage written separately for state benefits only, \$1.05.)
- \* **Code 1016:** Rate includes a non-ratable disease element of \$17.10. (For coverage written separately for federal benefits only, \$12.89. For coverage written separately for state benefits only \$4.22.) It also includes a catastrophe loading of \$0.15 Refer to the manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of this classification code.
- Code 6702** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate and elr each x 1.215.
- \* **Code 6703** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate x 2.140 and elr x 1.982.
- Code 6704** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate and elr each x 1.35.
- Codes 7420** Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. The ELR on the rate page should be applied to policies with effective dates on or after January 1, 2005.
- Code 8018:** See Arkansas Special Classification for Warehousing groceries exclusively.
- \* **Code 8833:** The ex-medical rate for this classification is \$.65. A charge of \$0.15 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- \* **Code 9040** The ex-medical rate for this classification is \$1.86. A charge of \$0.18 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

### Non-Ratable Portions of Codes

For Non-Ratable portions of Rates for Codes shown below, refer to corresponding code indicated.

For Non-Ratable Portion of Code	Refer To Code
4771	0771
7405	7445
7431	7453

\*

**Premium Reduction Percentages** – The following percentages are applicable by hazard group.

Applicable to TOTAL LOSSES	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	6.8%	5.5%	4.8%	4.0%	3.3%	2.3%	1.8%
Percentage premium reduction for employers electing a \$1,500 deductible	8.2%	6.8%	5.9%	5.0%	4.2%	3.0%	2.3%
Percentage premium reduction for employers electing a \$2,000 deductible	9.4%	7.7%	6.7%	5.8%	4.9%	3.5%	2.7%
Percentage premium reduction for employers electing a \$2,500 deductible	10.4%	8.7%	7.5%	6.5%	5.5%	4.0%	3.1%
Percentage premium reduction for employers electing a \$3,000 deductible	11.3%	9.4%	8.2%	7.1%	6.1%	4.5%	3.4%
Percentage premium reduction for employers electing a \$3,500 deductible	12.1%	10.1%	8.9%	7.7%	6.6%	4.9%	3.8%
Percentage premium reduction for employers electing a \$4,000 deductible	12.9%	10.8%	9.5%	8.2%	7.1%	5.3%	4.1%
Percentage premium reduction for employers electing a \$4,500 deductible	13.6%	11.4%	10.1%	8.8%	7.5%	5.7%	4.4%
Percentage premium reduction for employers electing a \$5,000 deductible	14.3%	12.0%	10.6%	9.3%	8.0%	6.1%	4.7%

\*

**Miscellaneous Values**

Basis of premium applicable in accordance with the footnote instructions for Code 7370 – "Taxicab Co.":		
Employee operated vehicle		\$46,220.00
Leased or rented vehicle		\$30,813.00
Aviation – Aerial Application, Seeding, Herding, or Scintillometer Surveying – "Flying Crew" maximum payroll per week per employee Code 7420		\$600
Maximum Payroll Remuneration applicable in accordance with Basic Manual Rule 2-E-1 – "Executive Officers" and the footnote instructions for: Code 9178 – "Athletic Team: Non-Contact Sports," Code 9179 – "Athletic Team: Contact Sports," and Code 9186 – "Carnival – Traveling"		\$2,200.00
Minimum Payroll Remuneration applicable in accordance with Basic Manual Rule 2-E-1 – "Executive Officers"		\$300.00
Per Passenger Seat Surcharge – In accordance with the footnote instructions for classification Code 7421, the surcharge is:		
Maximum surcharge per aircraft		\$1,000.00
Per passenger seat		\$100.00
Premium Determination for Partners and Sole Proprietors in accordance with Basic Manual Rule 2-E-3		\$30,800.00
United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Rule 3-A-4 "U.S. Longshore and Harbor Workers' Compensation Act" of the Basic Manual.		90%

\*

(Multiply a Non-"F" classification rate by a factor of 1.90 to adjust for differences in benefits and loss-based expenses. This factor is the product for differences in benefits (1.67) and for differences in loss-based expenses (1.139)).

\* **Premium Reduction Percentages** – The following percentages are applicable by hazard group.

Applicable to INDEMNITY LOSSES ONLY	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	1.5%	1.2%	1.1%	1.0%	0.9%	0.8%	0.6%
Percentage premium reduction for employers electing a \$1,500 deductible	2.0%	1.7%	1.5%	1.4%	1.3%	1.1%	0.8%
Percentage premium reduction for employers electing a \$2,000 deductible	2.5%	2.1%	1.9%	1.8%	1.6%	1.4%	1.0%
Percentage premium reduction for employers electing a \$2,500 deductible	2.9%	2.5%	2.3%	2.1%	1.9%	1.6%	1.2%
Percentage premium reduction for employers electing a \$3,000 deductible	3.3%	2.8%	2.6%	2.4%	2.2%	1.8%	1.4%
Percentage premium reduction for employers electing a \$3,500 deductible	3.7%	3.1%	2.9%	2.7%	2.4%	2.1%	1.6%
Percentage premium reduction for employers electing a \$4,000 deductible	4.0%	3.4%	3.2%	3.0%	2.6%	2.3%	1.8%
Percentage premium reduction for employers electing a \$4,500 deductible	4.4%	3.7%	3.4%	3.2%	2.9%	2.4%	1.9%
Percentage premium reduction for employers electing a \$5,000 deductible	4.7%	4.0%	3.7%	3.4%	3.1%	2.6%	2.1%

\*

Applicable to MEDICAL LOSSES ONLY	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	6.6%	5.4%	4.6%	3.8%	3.2%	2.2%	1.7%
Percentage premium reduction for employers electing a \$1,500 deductible	7.8%	6.4%	5.6%	4.7%	3.9%	2.8%	2.1%
Percentage premium reduction for employers electing a \$2,000 deductible	8.9%	7.3%	6.3%	5.4%	4.6%	3.2%	2.5%
Percentage premium reduction for employers electing a \$2,500 deductible	9.7%	8.0%	7.0%	5.9%	5.1%	3.6%	2.8%
Percentage premium reduction for employers electing a \$3,000 deductible	10.4%	8.7%	7.5%	6.4%	5.5%	4.0%	3.1%
Percentage premium reduction for employers electing a \$3,500 deductible	11.1%	9.2%	8.0%	6.9%	5.9%	4.3%	3.3%
Percentage premium reduction for employers electing a \$4,000 deductible	11.6%	9.7%	8.5%	7.3%	6.3%	4.6%	3.6%
Percentage premium reduction for employers electing a \$4,500 deductible	12.1%	10.2%	8.9%	7.7%	6.6%	4.9%	3.8%
Percentage premium reduction for employers electing a \$5,000 deductible	12.7%	10.6%	9.3%	8.0%	6.9%	5.2%	4.0%

**TABLE OF SPECIFIC DISEASE LOADINGS**  
**DISEASE SYMBOLS**

**Asb** = Asbestos **S** = Silica

\*

Code No.		Specific Disease Loadings	Disease Symbol
0059	D	0.32	S
0065	D	0.06	S
0066	D	0.06	S
0067	D	0.06	S
1164	E	0.09	S
1165	E	0.05	S
1624	E	0.05	S
1710	E	0.06	S
1741	E	0.26	S
1803	D	0.26	S
1852	D	0.05	Asb
3081	D	0.05	S
3082	D	0.06	S
3085	D	0.06	S
3175	D	0.03	S
4024	E	0.02	S
5508	D	0.03	S
6251	D	0.06	S
6252	D	0.05	S
6260	D	0.03	S

**Miscellaneous Values**

	Foreign Terrorism.....	0.03
*	Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (DTEC) .....	0.02

WORKERS COMPENSATION  
RETROSPECTIVE RATING PLAN  
STATE SPECIAL RATING VALUES

ARKANSAS

- \* 1. **Tax Multipliers**  
    a. **State (non-F Classes)**  
        1.060  
    b. **Federal Classes, or non-F Classes where rate is increased by USL & HW Act Percentage**  
        1.138
2. **Expected Loss Ratio**  
    0.621  
**Expected Loss & Allocated Expense Ratio**  
    0.678
3. **Table of Expense Ratios**  
    Type A: XXIII-A  
**Table of Expense Ratios for ALAE Options**  
    Type A: XXIII-C

\* 4.

Excess Loss Factors (Applicable to New and Renewal Policies)							
Per Accident Limitation	HAZARD GROUPS						
	A	B	C	D	E	F	G
<b>\$25,000</b>	0.239	0.276	0.297	0.318	0.342	0.375	0.406
<b>30,000</b>	0.220	0.256	0.279	0.299	0.324	0.360	0.392*
<b>35,000</b>	0.204	0.240	0.262	0.283	0.309	0.345	0.381*
<b>40,000</b>	0.190	0.225	0.248	0.269	0.295	0.332	0.369*
<b>50,000</b>	0.168	0.202	0.224	0.245	0.272	0.309	0.349*
<b>75,000</b>	0.132	0.161	0.182	0.202	0.229	0.267	0.310*
<b>100,000</b>	0.109	0.135	0.155	0.173	0.199	0.236	0.281*
<b>125,000</b>	0.094	0.116	0.136	0.153	0.177	0.213	0.258
<b>150,000</b>	0.084	0.104	0.122	0.137	0.161	0.196	0.241
<b>175,000</b>	0.075	0.093	0.111	0.125	0.147	0.181	0.225
<b>200,000</b>	0.068	0.085	0.102	0.115	0.135	0.168	0.212
<b>225,000</b>	0.063	0.078	0.094	0.107	0.126	0.157	0.201
<b>250,000</b>	0.059	0.073	0.089	0.100	0.119	0.149	0.193
<b>275,000</b>	0.055	0.068	0.083	0.094	0.112	0.141	0.184
<b>300,000</b>	0.052	0.065	0.079	0.089	0.106	0.134	0.176
<b>325,000</b>	0.049	0.061	0.075	0.084	0.101	0.128	0.170
<b>350,000</b>	0.047	0.058	0.071	0.081	0.096	0.122	0.163
<b>375,000</b>	0.045	0.055	0.068	0.077	0.093	0.117	0.158
<b>400,000</b>	0.043	0.053	0.065	0.074	0.089	0.113	0.153
<b>425,000</b>	0.041	0.050	0.063	0.071	0.085	0.109	0.148
<b>450,000</b>	0.039	0.048	0.061	0.068	0.082	0.105	0.144
<b>475,000</b>	0.038	0.047	0.058	0.066	0.079	0.102	0.140

\*Also applicable to Underground Coal Mine classifications.

WORKERS COMPENSATION  
RETROSPECTIVE RATING PLAN  
STATE SPECIAL RATING VALUES

ARKANSAS

\* 4. (Cont'd.)

<b>Excess Loss Factors (Applicable to New and Renewal Policies)</b>							
<b>Per Accident Limitation</b>	<b>HAZARD GROUPS</b>						
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
<b>500,000</b>	0.037	0.045	0.057	0.064	0.077	0.099	0.136
<b>600,000</b>	0.033	0.040	0.050	0.057	0.068	0.088	0.124
<b>700,000</b>	0.030	0.037	0.046	0.052	0.062	0.080	0.114
<b>800,000</b>	0.028	0.034	0.043	0.048	0.058	0.075	0.107
<b>900,000</b>	0.026	0.032	0.040	0.045	0.053	0.070	0.100
<b>1,000,000</b>	0.024	0.030	0.037	0.042	0.050	0.065	0.094
<b>2,000,000</b>	0.014	0.018	0.024	0.027	0.032	0.042	0.063
<b>3,000,000</b>	0.010	0.013	0.017	0.019	0.024	0.032	0.048
<b>4,000,000</b>	0.007	0.010	0.013	0.015	0.019	0.025	0.040
<b>5,000,000</b>	0.006	0.008	0.011	0.012	0.016	0.021	0.034
<b>6,000,000</b>	0.005	0.006	0.009	0.010	0.012	0.017	0.028
<b>7,000,000</b>	0.004	0.006	0.007	0.008	0.011	0.015	0.024
<b>8,000,000</b>	0.004	0.005	0.006	0.007	0.009	0.013	0.022
<b>9,000,000</b>	0.004	0.004	0.006	0.007	0.008	0.011	0.019
<b>10,000,000</b>	0.003	0.004	0.005	0.006	0.007	0.010	0.017

<b>Excess Loss and Allocated Expense Factors (Applicable to New and Renewal Policies)</b>							
<b>Per Accident Limitation</b>	<b>HAZARD GROUPS</b>						
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
<b>\$25,000</b>	0.306	0.350	0.375	0.399	0.426	0.464	0.498
<b>30,000</b>	0.284	0.327	0.353	0.378	0.406	0.446	0.483*
<b>35,000</b>	0.265	0.308	0.334	0.359	0.388	0.430	0.470*
<b>40,000</b>	0.248	0.291	0.317	0.342	0.373	0.416	0.457*
<b>50,000</b>	0.222	0.262	0.289	0.314	0.346	0.390	0.435*
<b>75,000</b>	0.176	0.212	0.239	0.262	0.294	0.340	0.390*
<b>100,000</b>	0.148	0.180	0.205	0.228	0.259	0.304	0.356*
<b>125,000</b>	0.128	0.157	0.180	0.202	0.232	0.276	0.329
<b>150,000</b>	0.114	0.140	0.163	0.182	0.212	0.254	0.307
<b>175,000</b>	0.102	0.126	0.148	0.166	0.194	0.235	0.289
<b>200,000</b>	0.094	0.115	0.136	0.153	0.180	0.220	0.273
<b>225,000</b>	0.086	0.106	0.126	0.142	0.167	0.206	0.260
<b>250,000</b>	0.081	0.099	0.119	0.134	0.158	0.195	0.248
<b>275,000</b>	0.075	0.093	0.112	0.126	0.149	0.185	0.237

\*Also applicable to Underground Coal Mine classifications.



WORKERS COMPENSATION  
RETROSPECTIVE RATING PLAN  
STATE SPECIAL RATING VALUES

ARKANSAS

\* 4. (Cont'd.)

<b>Excess Loss and Allocated Expense Factors (Applicable to New and Renewal Policies)</b>							
<b>Per Accident Limitation</b>	<b>HAZARD GROUPS</b>						
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
<b>300,000</b>	0.071	0.087	0.106	0.119	0.141	0.176	0.228
<b>325,000</b>	0.067	0.083	0.100	0.113	0.134	0.168	0.219
<b>350,000</b>	0.064	0.079	0.096	0.108	0.128	0.161	0.212
<b>375,000</b>	0.060	0.075	0.092	0.103	0.123	0.155	0.204
<b>400,000</b>	0.058	0.071	0.087	0.099	0.118	0.148	0.198
<b>425,000</b>	0.056	0.068	0.084	0.095	0.113	0.144	0.192
<b>450,000</b>	0.054	0.066	0.081	0.092	0.109	0.139	0.186
<b>475,000</b>	0.052	0.064	0.079	0.089	0.106	0.134	0.182
<b>500,000</b>	0.050	0.061	0.076	0.085	0.102	0.130	0.177
<b>600,000</b>	0.044	0.054	0.068	0.076	0.091	0.117	0.161
<b>700,000</b>	0.040	0.049	0.062	0.069	0.083	0.106	0.148
<b>800,000</b>	0.037	0.045	0.057	0.064	0.077	0.098	0.139
<b>900,000</b>	0.035	0.043	0.054	0.060	0.071	0.092	0.130
<b>1,000,000</b>	0.033	0.040	0.050	0.056	0.066	0.086	0.123
<b>2,000,000</b>	0.020	0.024	0.032	0.036	0.043	0.056	0.083
<b>3,000,000</b>	0.014	0.018	0.024	0.026	0.033	0.043	0.064
<b>4,000,000</b>	0.010	0.014	0.018	0.021	0.026	0.035	0.053
<b>5,000,000</b>	0.008	0.011	0.015	0.017	0.021	0.028	0.045
<b>6,000,000</b>	0.006	0.009	0.012	0.014	0.017	0.024	0.038
<b>7,000,000</b>	0.005	0.007	0.010	0.012	0.015	0.020	0.033
<b>8,000,000</b>	0.005	0.007	0.009	0.010	0.013	0.018	0.030
<b>9,000,000</b>	0.005	0.006	0.008	0.009	0.012	0.016	0.026
<b>10,000,000</b>	0.004	0.005	0.007	0.008	0.010	0.014	0.024

**Retrospective Development Factors**

<b>With Loss Limit</b>			<b>Without Loss Limit</b>			<b>4th &amp; Subsequent Adjustment</b>
<b>1st Adj.</b>	<b>2nd Adj.</b>	<b>3rd Adj.</b>	<b>1st Adj.</b>	<b>2nd Adj.</b>	<b>3rd Adj.</b>	
0.06	0.04	0.04	0.13	0.09	0.09	
						0.00

WORKERS COMPENSATION  
RETROSPECTIVE RATING PLAN  
STATE EXCEPTIONS

ARKANSAS

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**PART ONE**

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**II. DEFINITIONS**

**Paragraph K. is replaced as follows:**

**K. Large Risk Alternative Rating Option**

The Large Risk Alternative Rating Option provides that a risk may be retrospectively rated as mutually agreed upon by carrier and insured.

It is an available option for a risk if:

- 1) The estimated annual standard countrywide Workers' Compensation premium is in excess of \$250,000; or
- 2) It has any combination of General Liability, Hospital Professional Liability, Commercial Automobile, Crime, Glass or Workers' Compensation premium, as long as the estimated annual standard countrywide Workers' Compensation premium is in excess of \$250,000.

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**III. ELIGIBILITY FOR THE PLAN**

**Paragraph E. is replaced as follows:**

**E. Large Risk Alternative Rating Option**

A risk is eligible for the Large Risk Alternative Rating Option if:

- 1) The estimated standard countrywide Workers' Compensation premium is in excess of \$250,000 annually for the term of the plan; or
- 2) It has any combination of General Liability, Hospital Professional Liability, Commercial Automobile, Crime, Glass or Workers' Compensation premium, as long as the estimated annual standard countrywide Workers' Compensation premium is in excess of \$250,000 annually for the term of the plan.

**PART TWO**

---

**OPERATION OF THE PLAN**

**A. The Retrospective Premium Formula**

**Note:** Risks with one or both of the following may be rated under the Large Risk Alternative Rating option.

- 1) The estimated annual standard countrywide Workers' Compensation premium is in excess of \$250,000; or
- 2) It has any combination of General Liability, Hospital Professional Liability, Commercial Automobile, Crime, Glass or Workers' Compensation premium, as long as the estimated annual standard countrywide Workers' Compensation premium is in excess of \$250,000.

This option provides that such risks may be retrospectively rated as mutually agreed upon by carrier and insured.

\*

**Miscellaneous Values**

Basis of premium applicable in accordance with the footnote instructions for Code 7370 – "Taxicab Co.":		
Employee operated vehicle		\$46,220.00
Leased or rented vehicle		\$30,813.00
Aviation – Aerial Application, Seeding, Herding, or Scintillometer Surveying – "Flying Crew" maximum payroll per week per employee Code 7420		\$600
Maximum Payroll Remuneration applicable in accordance with Basic Manual Rule 2-E-1 – "Executive Officers" and the footnote instructions for: Code 9178 – "Athletic Team: Non-Contact Sports," Code 9179 – "Athletic Team: Contact Sports," and Code 9186 – "Carnival – Traveling"		\$2,400.00
Minimum Payroll Remuneration applicable in accordance with Basic Manual Rule 2-E-1 – "Executive Officers"		\$300.00
Per Passenger Seat Surcharge – In accordance with the footnote instructions for classification Code 7421, the surcharge is:		
Maximum surcharge per aircraft		\$1,000.00
Per passenger seat		\$100.00
Premium Determination for Partners and Sole Proprietors in accordance with Basic Manual Rule 2-E-3		\$30,800.00
United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Rule 3-A-4 "U.S. Longshore and Harbor Workers' Compensation Act" of the Basic Manual.		90%

\*

(Multiply a Non-"F" classification rate by a factor of 1.90 to adjust for differences in benefits and loss-based expenses. This factor is the product for differences in benefits (1.67) and for differences in loss-based expenses (1.139)).

SERFF Tracking Number:	EMCC-125400824	State:	Arkansas
First Filing Company:	EMCASCO Insurance Company, ...	State Tracking Number:	EFT \$100
Company Tracking Number:	AR-WC-2007-07		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Rate Revision		
Project Name/Number:	/		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	12/31/2007
<b>Comments:</b>				
<b>Attachment:</b>	P&C Transmittal.pdf			
<b>Satisfied -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b>	Approved	12/31/2007
<b>Comments:</b>				
<b>Attachments:</b>	RF-WC (EMCC).pdf RF-WC (EMCASCO).pdf			
<b>Satisfied -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Approved	12/31/2007
<b>Comments:</b>				
<b>Attachments:</b>	RF-1 (EMCC).pdf RF-1 (EMCASCO).pdf			
<b>Satisfied -Name:</b>	Actuarial Exhibits	<b>Review Status:</b>	Approved	12/31/2007
<b>Comments:</b>				
<b>Attachment:</b>	AR filing exhibits.pdf			

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>
	EMC Insurance Companies	062

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	Employers Mutual Casualty Company	IA	21415	42-0234980
	EMCASCO Insurance Company	IA	21407	42-6070764

<b>5.</b>	<b>Company Tracking Number</b>	AR-WC-2007-07
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Stephanie McBride P.O. Box 712	Filings Analyst	800-247-2128 Ext. 2684	515-345-2223	Stephanie.M.McBride @EMCIns.com
	Des Moines IA 50306				

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	Stephanie McBride

**Filing information** (see General Instructions for descriptions of these fields)

<b>9.</b>	Type of Insurance (TOI)	16.0000
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)	16.0004
<b>11.</b>	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
<b>12.</b>	Company Program Title (Marketing title)	<b>Workers Compensation</b>
<b>13.</b>	Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14.</b>	Effective Date(s) Requested	New: 2/1/08      Renewal: 2/1/08

## Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	AR-2007-10
18.	Company's Date of Filing	12/28/07
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR-WC-2007-07
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
-----	--

The captioned companies are members of the National Council on Compensation Insurance and NCCI files the workers compensation program on our behalf. We are submitting for your approval our intent to adopt the loss costs found in reference AR-2007-10 effective February 1, 2008. With this revision we will also be adopting Item B-1403. The loss costs will be subject to the following loss cost multipliers with no capping:

Classes	EMCC	EMCASCO
5403, 5645, 7520	1.53	1.30
8107, 8116, 8380	1.34	1.14
5190	1.67	1.42
5445	1.98	1.68
All Others	1.76	1.50

The minimum premium multiplier will be revised from 175 to 185, the expense constant will be revised from \$180 to \$200, and the maximum minimum premium will be revised from \$850 to \$900. The minimum premiums will be calculated according to the following formulas:

Per Capita Classes: Rate + \$200, subject to a maximum of \$900  
 All Other Classes: (185 x class rate) + \$200, subject to a maximum of \$900  
 Maritime and Federal Classes: Same formula as "All Other Classes"

The rate level effect for this revision is 2.6% for EMCC, 0.0% for EMCASCO, and 2.6% overall. The premium level effect is 2.9% for EMCC, 0.0% for EMCASCO, and 2.9% overall.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #:</b> EFT  <b>Amount:</b> \$100.00</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**ARKANSAS INSURANCE DEPARTMENT**  
**WORKERS COMPENSATION INSURER RATE FILING**  
**ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE**  
**LOSS COSTS REFERENCE FILING ADOPTION FORM**

DATE: 12/28/2007

1. INSURER NAME Employers Mutual Casualty Company

ADDRESS P.O. Box 712

Des Moines, IA 50306-0712

PERSON RESPONSIBLE FOR FILING Stephanie McBride

TITLE Filings Analyst TELEPHONE # 800-247-2128 ext 2684

2. INSURER NAIC # 21415 Group No. 62

3. ADVISORY ORGANIZATION NCCI

4. ADVISORY ORGANIZATION REFERENCE FILING # AR-2007-10

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE 2.6 % EFFECTIVE DATE 02/01/08

B. PROPOSED PREMIUM LEVEL CHANGE 2.9 % EFFECTIVE DATE 02/01/08

7. A. PRIOR RATE LEVEL CHANGE 0.9 % EFFECTIVE DATE 09/01/06

B. PRIOR PREMIUM LEVEL CHANGE 1.3 % EFFECTIVE DATE 09/01/06

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (RF-WC Page 2)  
(USE A SEPARATE SUMMARY FOR EACH INSURER-SELECTED LOSS COST MULTIPLIER.)

9. CHECK ONE OF THE FOLLOWING:

       The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

  X   The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.





**WORKERS COMPENSATION INSURER RATE FILING**  
**ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE**  
**LOSS COSTS SUMMARY OF SUPPORTING INFORMATION**  
**FORM CALCULATION OF COMPANY LOSS MULTIPLIER**

Page 2 of 2  
RF-WC  
Edition 04/96







**ARKANSAS INSURANCE DEPARTMENT**  
**WORKERS COMPENSATION INSURER RATE FILING**  
**ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE**  
**LOSS COSTS REFERENCE FILING ADOPTION FORM**

DATE: 12/28/2007

1. INSURER NAME EMCASCO Insurance Company

ADDRESS P.O. Box 712

Des Moines, IA 50306-0712

PERSON RESPONSIBLE FOR FILING Stephanie McBride

TITLE Filings Analyst TELEPHONE # 800-247-2128 ext 2684

2. INSURER NAIC # 21407 Group No. 62

3. ADVISORY ORGANIZATION NCCI

4. ADVISORY ORGANIZATION REFERENCE FILING # AR-2007-10

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE na % EFFECTIVE DATE 02/01/08

B. PROPOSED PREMIUM LEVEL CHANGE na % EFFECTIVE DATE 02/01/08

7. A. PRIOR RATE LEVEL CHANGE na % EFFECTIVE DATE 01/01/07

B. PRIOR PREMIUM LEVEL CHANGE na % EFFECTIVE DATE 01/01/07

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (RF-WC Page 2)  
(USE A SEPARATE SUMMARY FOR EACH INSURER-SELECTED LOSS COST MULTIPLIER.)

9. CHECK ONE OF THE FOLLOWING:

       The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

  X   The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.













**ARKANSAS INSURANCE DEPARTMENT  
RATE FILING ABSTRACT**

Insurer Name: Employers Mutual Casualty Company Contact Person: Stephanie McBride  
 NAIC Number: 21415 Signature: \_\_\_\_\_  
 Name of Advisory Organization Whose Filing You Are Referencing NCCI Telephone No.: 800-247-2128 ext 2684  
 Company Affiliation to Advisory Organization: \_\_\_\_\_  
 Member x Subscriber \_\_\_\_\_ Service Purchaser \_\_\_\_\_  
 Reference Filing #: AR-2007-10 Proposed Effective Date: 02/01/08

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Workers Compensation (Class 5190)	-0.8%	-0.3%	0.660	1.035	1.67	180	1.66
Workers Compensation (Class 5403)	-0.8%	-0.4%	0.660	0.950	1.53	180	1.54
Workers Compensation (Class 5445)	-0.8%	3.5%	0.660	1.225	1.98	180	1.66
Workers Compensation (Class 5645)	-0.8%	-9.2%	0.660	0.950	1.53	180	1.43
Workers Compensation (Class 7520)	-0.8%	2.8%	0.660	0.950	1.53	180	1.43
Workers Compensation (Class 8107)	-0.8%	-16.6%	0.660	0.830	1.34	180	1.66
Workers Compensation (Class 8116)	-0.8%	0.0%	0.660	0.830	1.34	180	1.66
Workers Compensation (Class 8380)	-0.8%	16.9%	0.660	0.830	1.34	180	1.54
Workers Compensation (All Other Classes)	-0.8%	3.1%	0.660	1.090	1.76	180	1.66
TOTAL OVERALL EFFECT	-0.8%	2.6%					

N Apply Loss Cost Factors To Future Filings? (Y or N)  
33.5% Estimated Maximum Rate Increase for any Arkansas Insured (%)  
-26.5% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

5 Year History

Year	Policy Count	Rate Change History		AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio
		%	Eff. Date				
2002	722	8.0%	10/01/02	2,888	1,243	43.0%	68.3%
2003	721	5.5%	10/01/03	2,875	1,138	39.6%	80.2%
2004	686	-	-	3,377	1,820	53.9%	92.4%
2005	608	-	-	3,302	902	27.3%	70.9%
2006	612	0.9%	09/01/06	3,410	2,433	71.3%	52.9%

Selected Provisions

A. Total Production Expense	14.8%
B. General Expense	4.6%
C. Taxes, Licenses & Fees	5.7%
D. Underwriting Profit & Contingencies	1.5%
E. Other (Explains dividends & avg grad	7.4%
F. TOTAL	34.0%

**ARKANSAS INSURANCE DEPARTMENT  
RATE FILING ABSTRACT**

Insurer Name: EMCASCO Insurance Company Contact Person: Stephanie McBride  
 NAIC Number: 21407 Signature: \_\_\_\_\_  
 Name of Advisory Organization Whose Filing You Are Referencing NCCI Telephone No.: 800-247-2128 ext 2684  
 Company Affiliation to Advisory Organization:  
     Member x Subscriber \_\_\_\_\_ Service Purchaser \_\_\_\_\_  
 Reference Filing #: AR-2007-10 Proposed Effective Date: 02/01/08

(1)  LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Workers Compensation (Class 5190)	-0.8%	-5.6%	0.660	0.880	1.42	180	1.49
Workers Compensation (Class 5403)	-0.8%	-6.3%	0.660	0.805	1.30	180	1.39
Workers Compensation (Class 5445)	-0.8%	-2.2%	0.660	1.040	1.68	180	1.49
Workers Compensation (Class 5645)	-0.8%	-14.4%	0.660	0.805	1.30	180	1.29
Workers Compensation (Class 7520)	-0.8%	-3.4%	0.660	0.805	1.30	180	1.29
Workers Compensation (Class 8107)	-0.8%	-21.0%	0.660	0.705	1.14	180	1.49
Workers Compensation (Class 8116)	-0.8%	-26.7%	0.660	0.705	1.14	180	1.49
Workers Compensation (Class 8380)	-0.8%	-9.4%	0.660	0.705	1.14	180	1.39
Workers Compensation (All Other Classes)	-0.8%	2.7%	0.660	0.930	1.50	180	1.49
TOTAL OVERALL EFFECT	-0.8%	NA					

N Apply Loss Cost Factors To Future Filings? (Y or N)  
na Estimated Maximum Rate Increase for any Arkansas Insured (%)  
na Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

5 Year History

Year	Policy Count	Rate Change History		AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio
		%	Eff. Date				
2002	-	-	-	-	-	-	68.3%
2003	-	-	-	-	-	-	80.2%
2004	-	-	-	-	-	-	92.4%
2005	-	-	-	-	-	-	70.9%
2006	-	-	-	-	-	-	52.9%

EMCASCO implemented 1/1/07

Selected Provisions

A. Total Production Expense	14.8%
B. General Expense	4.6%
C. Taxes, Licenses & Fees	5.7%
D. Underwriting Profit & Contingencies	1.5%
E. Other (Explains dividends & avg grad	7.4%
F. TOTAL	34.0%

# ARKANSAS WORKERS COMPENSATION

## EMC INSURANCE COMPANIES

### ACTUARIAL MEMORANDUM

Employers Mutual Casualty Company (EMCC) & EMCASCO Insurance Company, members of the EMC Insurance Group, are filing to adopt NCCI's 1/1/2008 loss costs found in AR-2007-10, subject to the following revised multipliers with no capping applicable:

Class	EMCC Revised <u>LCM</u>	EMCC Rate Level <u>Effect</u>	EMCASCO Revised <u>LCM</u>	EMC <u>Five-Year Loss Ratio</u>
5190	1.67	-0.3%	1.42	5.6%
5403	1.53	-0.4%	1.30	57.4%
5445	1.98	+3.5%	1.68	15.6%
5645	1.53	-9.2%	1.30	28.5%
7520	1.53	+2.8%	1.30	15.6%
8107	1.34	-16.6%	1.14	0.0%
8116	1.34	NA	1.14	NA
8380	1.34	+16.9%	1.14	32.9%
All Other	1.76	+3.1%	1.50	(Deviated Classes Only)

The deviated loss cost multipliers listed above were selected to cap the large swings in rate level changes, and all of these are supported by our five-year loss ratio. We have attached five-year experience exhibits for the deviated classes which contain premium and loss data, as well as overall five-year loss ratios for the selected classes. There is no effect for EMCASCO because it was implemented 1/1/07 and we use 2006 data to calculate the effects.

The expense constant will increase from \$180 to \$200 and the minimum premium multiplier will change from 175 to 185. The following minimum premium formulas will be used:

Per Capita Classes: rate +\$200, subject to a maximum of \$900

Maritime and Federal: same as "all other"

All Other:  $(185 \times \text{class rate}) + \$200$ , subject to a maximum of \$900

The impact of the above changes is a rate level increase of 2.6% overall, 2.6% for EMCC and 0.0% for EMCASCO (as it was implemented 1/1/07) and a premium level increase of 2.9% overall, 2.9 for EMCC, and 0.0% for EMCASCO.

Our claim count for Arkansas Workers Compensation (1,712) is below an acceptable credibility level, and therefore, we have weighted our Arkansas rate level indication with our countrywide rate level indication producing a credibility weighted rate level indication of -0.8%. Our selection for this revision was based on our negative weighted rate level indication, as well as underwriting and marketing considerations.

**ARKANSAS  
EMC INSURANCE COMPANIES  
WORKERS COMPENSATION**

**FIVE-YEAR EXPERIENCE FOR DEVIATED CLASSES**

Year	Industry Group	Class	Premium	Incurred Losses	Loss Ratio	Paid Losses	Exposure	Claims
2002	CONTRACTING	5190	133,721	26,773	20.0%	27,714	3,179,624	19
2003	CONTRACTING	5190	97,066	1,678	1.7%	5,210	2,070,926	6
2004	CONTRACTING	5190	202,189	-23,913	-11.8%	-25,107	4,904,393	13
2005	CONTRACTING	5190	198,114	19,847	10.0%	11,698	3,793,364	14
2006	CONTRACTING	5190	239,369	24,002	10.0%	33,520	5,567,714	8
<b>TOTALS</b>		<b>5190</b>	<b>870,459</b>	<b>48,387</b>	<b>5.6%</b>	<b>53,035</b>	<b>19,516,021</b>	<b>60</b>

2002	CONTRACTING	5403	328,119	197,497	60.2%	137,755	3,313,512	35
2003	CONTRACTING	5403	228,262	356,304	156.1%	128,016	2,026,072	27
2004	CONTRACTING	5403	358,946	-29,602	-8.2%	122,549	3,294,600	41
2005	CONTRACTING	5403	169,944	18,102	10.7%	132,078	1,349,956	16
2006	CONTRACTING	5403	328,182	268,408	81.8%	158,649	2,920,577	14
<b>TOTALS</b>		<b>5403</b>	<b>1,413,453</b>	<b>810,709</b>	<b>57.4%</b>	<b>679,047</b>	<b>12,904,717</b>	<b>133</b>

2002	CONTRACTING	5445	37,265	-1,064	-2.9%	1,638	481,016	4
2003	CONTRACTING	5445	100,068	988	1.0%	988	1,269,536	2
2004	CONTRACTING	5445	134,051	12,584	9.4%	9,580	1,863,078	16
2005	CONTRACTING	5445	170,332	2,534	1.5%	5,538	2,387,172	2
2006	CONTRACTING	5445	221,117	88,463	40.0%	68,187	3,111,939	10
<b>TOTALS</b>		<b>5445</b>	<b>662,833</b>	<b>103,505</b>	<b>15.6%</b>	<b>85,931</b>	<b>9,112,741</b>	<b>34</b>

2002	CONTRACTING	5645	156,306	229,998	147.1%	165,169	1,272,213	21
2003	CONTRACTING	5645	207,547	24,269	11.7%	197,392	1,540,241	10
2004	CONTRACTING	5645	277,774	83,702	30.1%	76,369	1,999,967	5
2005	CONTRACTING	5645	339,103	-25,057	-7.4%	27,804	2,319,365	6
2006	CONTRACTING	5645	118,061	-149	-0.1%	54	888,687	1
<b>TOTALS</b>		<b>5645</b>	<b>1,098,791</b>	<b>312,763</b>	<b>28.5%</b>	<b>466,788</b>	<b>8,020,473</b>	<b>43</b>

2002	MISCELLANEOUS	7520	109,892	6,536	5.9%	6,536	3,918,388	24
2003	MISCELLANEOUS	7520	167,750	17,137	10.2%	10,908	5,549,115	55
2004	MISCELLANEOUS	7520	223,447	55,412	24.8%	39,935	6,759,995	53
2005	MISCELLANEOUS	7520	235,639	-5,024	-2.1%	17,633	7,143,183	13
2006	MISCELLANEOUS	7520	246,255	79,005	32.1%	60,353	7,471,707	19
<b>TOTALS</b>		<b>7520</b>	<b>982,983</b>	<b>153,066</b>	<b>15.6%</b>	<b>135,365</b>	<b>30,842,388</b>	<b>164</b>

2002	GOODS & SERVICES	8107	129	0	0.0%	0	4,000	0
2003	GOODS & SERVICES	8107	139	0	0.0%	0	4,000	0
2004	GOODS & SERVICES	8107	235	0	0.0%	0	4,000	0
2005	GOODS & SERVICES	8107	235	0	0.0%	0	4,000	0
2006	GOODS & SERVICES	8107	235	0	0.0%	0	4,000	0
<b>TOTALS</b>		<b>8107</b>	<b>973</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>20,000</b>	<b>0</b>

2002	GOODS & SERVICES	8116	0	0	0.0%	0	0	0
2003	GOODS & SERVICES	8116	0	0	0.0%	0	0	0
2004	GOODS & SERVICES	8116	0	0	0.0%	0	0	0
2005	GOODS & SERVICES	8116	0	0	0.0%	0	0	0
2006	GOODS & SERVICES	8116	0	0	0.0%	0	0	0
<b>TOTALS</b>		<b>8116</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0</b>	<b>0</b>

2002	GOODS & SERVICES	8380	137,467	57,830	42.1%	58,097	4,588,691	34
2003	GOODS & SERVICES	8380	165,050	68,942	41.8%	63,345	4,925,123	50
2004	GOODS & SERVICES	8380	174,928	54,475	31.1%	70,002	4,889,570	56
2005	GOODS & SERVICES	8380	183,688	59,508	32.4%	38,422	4,913,509	31
2006	GOODS & SERVICES	8380	151,699	26,863	17.7%	45,408	4,231,992	24
<b>TOTALS</b>		<b>8380</b>	<b>812,832</b>	<b>267,618</b>	<b>32.9%</b>	<b>275,274</b>	<b>23,548,885</b>	<b>195</b>

# ARKANSAS

## WORKERS COMPENSATION

### EMC INSURANCE COMPANIES

#### ACCIDENT YEAR RATE LEVEL INDICATIONS DATA - Paid Losses

<i>Factors to Adjust Premiums</i>			
	1	2	3
	Factor to Remove Expense Constant	Current Rate Level Factor	Premium Adjustment Factor (1)x(2)
Year			
2002	0.970	1.123	1.089
2003	0.970	1.038	1.007
2004	0.970	0.980	0.951
2005	0.970	0.979	0.950
2006	0.970	0.990	0.960

<i>Factors to Adjust Losses</i>							
	1	2	3	4	5	6	7
	Current Loss Benefit Level Factor	Loss Adjustment Expense Factor	Loss Develop- ment Factor	Annual Loss Trend	Years in Loss Trend Period**	Loss Trend Factor [1+(4)]^(5)	Large Loss Adjustments
Year/Coverage							
2002 Indemnity	1.019	1.242	1.184	-1.5%	6.590	0.905	0
2002 Medical	1.019	1.242	1.143	2.0%	6.590	1.139	0
2003 Indemnity	1.015	1.242	1.261	-1.5%	5.590	0.919	0
2003 Medical	1.015	1.242	1.170	2.0%	5.590	1.117	0
2004 Indemnity	1.012	1.242	1.400	-1.5%	4.588	0.933	0
2004 Medical	1.012	1.242	1.212	2.0%	4.588	1.095	0
2005 Indemnity	1.009	1.242	1.721	-1.5%	3.590	0.947	0
2005 Medical	1.009	1.242	1.287	2.0%	3.590	1.074	0
2006 Indemnity	1.002	1.242	2.722	-1.5%	2.590	0.962	0
2006 Medical	1.002	1.242	1.494	2.0%	2.590	1.053	0
Total							0

* Accident Year Losses Evaluated as of	9/30/2007
** Assumed Effective Date for Trending:	2/1/2008
** Trend Period from Midpoint of Calendar Year to Future Average Date of Loss:	2/1/2009

<i>Factor to Recognize Underwriting Expenses and Profit Provision</i>	
Variable Permissible Loss and Loss Adjustment Expense Ratio	0.660

**ARKANSAS  
WORKERS COMPENSATION  
EMC INSURANCE COMPANIES**

**ACCIDENT YEAR PAID LOSS RATE LEVEL INDICATIONS**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Year	Calendar Year Standard Earned Premium	Current Level Adjusted Standard Earned Premium	Accident Year Paid Losses as of 9/30/2007	Paid Losses at Current Benefit Level	Current Level Losses Adjusted for LAE	Current Level Losses and LAE Developed to Ultimate	Ultimate Losses & LAE Trended to Future Date of Loss	Projected Loss & LAE Ratio at Future Date of Loss (7)/(2)	Permissible Loss & LAE Ratio	Experience Based Rate Level Indication [(8)/(9)]-1	Credibility Weighted Rate Level Indication
2002	3,099,285	3,375,121	1,351,822	1,377,506	1,710,863	1,993,268	2,015,228	0.597	0.660	-9.5%	
2003	3,031,139	3,052,357	1,450,246	1,471,999	1,828,223	2,193,875	2,300,056	0.754	0.660	14.2%	
2004	3,589,680	3,413,786	1,084,973	1,097,993	1,363,708	1,761,347	1,797,743	0.527	0.660	-20.2%	
2005	3,442,697	3,270,562	711,980	718,388	892,237	1,289,943	1,314,070	0.402	0.660	-39.1%	
2006	3,648,957	3,502,998	1,276,956	1,279,510	1,589,152	3,014,179	3,044,838	0.869	0.660	31.7%	
<b>Total</b>	<b>16,811,758</b>	<b>16,614,824</b>	<b>5,875,977</b>	<b>5,945,396</b>	<b>7,384,183</b>	<b>10,252,612</b>	<b>10,471,935</b>	<b>0.630</b>	<b>0.660</b>	<b>-4.5%</b>	<b>-0.8%</b>

Column Description

- (1) Calendar Year Standard Earned Premium including expense constant
- (2) Premium adjusted to Current Rate Level excluding expense constant
- (3) Accident Year Paid Losses as of 9/30/2007.
- (4) Accident Year Paid Losses at Current Benefit Level
- (5) Loss Adjustment Expense Loading: 24.2%
- (6) Losses and LAE Developed to Ultimate Settlement Value
- (7) Losses and LAE trended to average date of future loss (2/1/2009) using the following trends: Indemnity -1.5%; Medical 2.0%
- (8) Column (7) / Column (2)
- (9) Expenses include a profit loading of 1.5% and assumes 12.5% return on equity
- (10) [Column (8)/Column (9)] -1
- (11) Arkansas experience based indication credibility weighted with Trended Permissible Loss & LAE Ratio



**ARKANSAS  
WORKERS COMPENSATION  
EMC INSURANCE COMPANIES**

**CREDIBILITY WEIGHTED RATE LEVEL INDICATIONS - Paid Losses**

**A. Indication Based on Company Experience in Arkansas**

Five Year Experience Based Rate Level Indication      **-4.5%**

**B. Credibility of Company Experience in Arkansas**

Full Credibility Standard	15,000
Accident Year Incurred Claims during Experience Period	1,657
Experience Credibility, $\text{SQRT}(1,657 / 15,000)$	33.2%
Selected Credibility	<b>33.2%</b>

**C. Complement #1: Indication Based on Trended Permissible Loss & LAE Ratio**

Trended PLR based on 0.7% loss trend since last rate change on 9/1/2006 (1.418 years to 2/1/2008)	0.667
Trended Permissible Loss and LAE Indication $(0.667 / 0.660 - 1)$	<b>1.1%</b>

**D. Credibility Weighted Indication**

Credibility Weighted Rate Level Indication	<b>-0.8%</b>
$(A) \times (B) + [1 - (B)] \times (C)$	

# ARKANSAS

## WORKERS COMPENSATION

### EMC INSURANCE COMPANIES

#### ***EXPENSE PROVISIONS***

*Expense provisions based on Annual Statement data (I.E.E.), Page 15 and internal company reports. Premium based expenses were converted from a "net" basis (after premium discount) to a "standard" basis (before premium discount) using the appropriate discount schedule & size of policy distribution.*

<i>Expenses as Percent of Net Premium</i>					Selected % of	Standard Premium
	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>Average</u>	Selected % of Net Premium	<i>Excluding</i> <u>Expense Constant</u>
1. Commission & Brokerage	8.0%	7.6%	7.5%	7.7%	10.3%	9.1%
2. Other Acquisition	6.0%	6.3%	7.2%	6.5%	6.5%	5.7%
3. Total Production Expense	----	----	----	----	16.8%	14.8%
4. General Expense	6.0%	6.5%	7.1%	6.5%	6.5%	4.6%
5. Premium Taxes	5.1%	7.9%	8.3%	7.1%	5.5%	5.5%
6. Misc Taxes, Licenses & Fees	0.3%	0.2%	0.1%	0.2%	0.2%	0.2%
7. Reinsurance Expense	----	----	----	----	1.3%	1.3%
8. Dividends	0.2%	0.5%	0.5%	0.4%	0.2%	0.2%
9. Profit & Contingencies	(See Below).....				1.5%	1.5%
10. Estimated Impact of Size of Risk Discounts (Expense Gradation) .....						5.9%
11. Estimated Impact of Expense Constant & Minimum Premiums .....						3.1%

<i>Percent of Incurred Losses</i>						
	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>Selected</u>
12. Loss Adjustment Expenses	20.8%	20.9%	22.8%	24.4%	23.6%	24.2%
13. State Specific Loss Based Assessments .....						0.0%

#### ***Underwriting Profit Provision***

We believe a 12.5% return on equity after federal income taxes is reasonable. We have assigned statutory surplus to line of usiness on the basis of premium plus loss and loss adjustment expense reserves. The resulting premium to statutory surplus ratios by line of business are then adjusted to achieve an overall all-lines premium to statutory surplus ratio of approximately 2 to 1.

With this methodology, the selected premium to statutory surplus ratio for this line is 1.500, which translates into a 1.250 premium to equity (GAAP) ratio. The 6.0% investment income on premium is a 7.5% return on equity after federal taxes. Based on an average after tax investment yield we earn an additional 3.8% return on

The difference of 1.2% (0.125 - 0.075 - 0.038) is the necessary after tax return on equity required from underwriting. The federal tax rate on underwriting profit is 35.0%, resulting in an underwriting profit load of 1.5% [(0.012 / 1.250) / 0.650].

# COUNTRYWIDE

## WORKERS COMPENSATION

### EMC INSURANCE COMPANIES

#### ESTIMATED INVESTMENT EARNINGS ON UNEARNED PREMIUM AND LOSS RESERVES

#### A. UNEARNED PREMIUM RESERVE

1. Direct Voluntary Earned Premium for Calendar Year Ended December 31, 2006	\$213,934,143
2. Countrywide Ratio of Mean Unearned Premium Reserve to Earned Premium	39.4%
3. Estimated Mean Unearned Premium Reserve (A.1 x A.2.)	\$84,290,052
4. Percentage Total of Prepaid Expense	
a. Commission & Brokerage	10.3%
b. Taxes, Licenses & Fees	5.7%
c. 50% of Other Acquisition Cost	3.3%
d. 50% of General Expense	3.3%
e. 50% of Reinsurance Expense	0.7%
f. Dividends, Other Expenses	NA
g. Total	23.3%
5. Federal Income Tax Payable on Unearned Reserve	7.0%
6. Dollar Total of Prepaid Expense & Federal Income Tax on Unearned Reserve [A.3. x (A.4.g.+A.5.)]	\$25,539,886
7. Subject to Investment (A.3. - A.6.)	\$58,750,166

#### B. DELAYED REMISSION OF PREMIUMS

1. Mean Agents' Balances (Annual Statement, Page 2, Line 9)	\$269,859,374
2. Countrywide Earned Premium (Annual Statement, Page 4, Line 1)	\$1,139,141,865
3. Delayed Remission of Premium [(B.1. ÷ B.2) x A.1.]	\$50,702,392

#### C. EXPECTED LOSS & LOSS ADJUSTMENT RESERVE

1. Direct Earned Premium [A.1.]	\$213,934,143
x (Expected Loss & Loss Adjustment Ratio)	0.68
2. Expected Incurred Loss & Loss Adjustment	\$145,475,217
x (Countrywide Reserve to Incurred Ratio, Adjusted for Federal Income Tax Payable on Loss & LAE Reserves)	2.252
3. Adjusted Expected Loss & Loss Adjustment Reserve	\$327,610,189

#### D. NET SUBJECT TO INVESTMENT (A.7. - B.3. + C.3)

\$335,657,963

#### E. AVERAGE RATE OF RETURN ON INVESTED ASSETS (AFTER TAX)

3.8%

#### F. INVESTMENT EARNINGS ON NET SUBJECT TO INVESTMENT

\$12,755,003

#### G. RATIO OF INVESTMENT EARNINGS TO EARNED PREMIUM (F÷A.1)

6.0%

<i>SERFF Tracking Number:</i>	<i>EMCC-125400824</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>EMCASCO Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-WC-2007-07</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Rate Revision</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Rate and Rule	Manual Pages	12/28/2007	Manual Pages.pdf

**COMMERCIAL LINES MANUAL**  
**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**ARKANSAS**

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
0005	6.00	900	1642	4.77	900	2130	3.63	872
0008	3.68	881	1654	10.30	900	2131	2.22	611
0016	7.73	900	1655	5.74	900	2143	2.75	709
0034	5.26	900	1699	2.66	692	2157	4.75	900
0035	3.06	766	1701	4.42	900	2172	2.69	698
0036	5.09	900	1710E	8.25	900	2174	3.50	848
0037	5.51	900	1741E	2.20	607	2211	6.58	900
0042	8.92	900	1745X	3.63	872	2220	2.50	663
0050	6.79	900	1747	3.03	761	2286	1.85	542
0059D	0.37	268	1748	7.09	900	2288	5.77	900
0065D	0.07	213	1803D	6.79	900	2300	2.69	698
0066D	0.07	213	1852D	2.78	714	2302	2.36	637
0067D	0.07	213	1853	3.31	812	2305	3.12	777
0079	3.96	900	1860	1.90	552	2361	1.69	513
0083	10.40	900	1924	4.03	900	2362	2.27	620
0106	17.64	900	1925	3.33	816	2380	7.74	900
0113	5.90	900	2001	3.01	757	2386	1.51	479
0170	3.27	805	2002	4.17	900	2388	2.39	642
0251	6.64	900	2003	3.50	848	2402	2.89	735
0400	10.58	900	2014	6.60	900	2413	2.31	627
0401	15.44	900	2016	3.03	761	2416	2.39	642
0771*	0.39	272	2021	4.19	900	2417	2.22	611
0917	4.63	900	2039	5.76	900	2501	1.88	548
1005*	12.30	900	2041	4.95	900	2503	1.69	513
1016*	45.51	900	2065	1.53	483	2534	2.99	753
1164E	9.01	900	2070	6.30	900	2570	6.07	900
1165E	8.59	900	2081	5.44	900	2585	3.34	818
1320	3.63	872	2089	3.40	829	2586	1.27	435
1322	14.61	900	2095	4.03	900	2587	2.71	701
1430	6.58	900	2105	3.12	777	2589	2.01	572
1438	3.38	825	2110	2.80	718	2600	6.07	900
1452	2.32	629	2111	2.53	668	2623	3.15	783
1463	14.47	900	2112	3.22	796	2651	2.80	718
1472	4.40	900	2114	3.87	900	2660	1.97	564
1624E	9.52	900	2121	2.46	655	2670	2.94	744

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

**COMMERCIAL LINES MANUAL**  
**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**ARKANSAS**

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
2683	2.53	668	3076	3.47	842	3336	3.08	770
2688	3.63	872	3081D	3.19	790	3365	12.16	900
2701	9.87	900	3082D	5.05	900	3372	3.41	831
2702X	33.90	900	3085D	3.73	890	3373	4.26	900
2710	10.44	900	3110	3.80	900	3383	1.21	424
2714	6.28	900	3111	3.78	899	3385	1.11	405
2719X	13.69	900	3113	2.71	701	3400	3.24	799
2731	4.59	900	3114	3.20	792	3507	3.66	877
2735	3.73	890	3118	1.80	533	3515	2.96	748
2759	9.31	900	3119	1.36	452	3548	1.57	490
2790	1.76	526	3122	1.44	466	3559	2.71	701
2802	8.11	900	3126	2.46	655	3574	1.50	478
2812	5.44	900	3131	1.13	409	3581	1.51	479
2835	2.08	585	3132	2.57	675	3612	2.78	714
2836	2.96	748	3145	2.39	642	3620	7.64	900
2841	5.16	900	3146	3.22	796	3629	2.39	642
2881	2.85	727	3169	3.31	812	3632	3.87	900
2883	5.40	900	3175D	3.64	873	3634	2.39	642
2913	3.89	900	3179	2.97	749	3635	2.24	614
2915	4.82	900	3180	2.66	692	3638	1.99	568
2916	3.08	770	3188	1.78	529	3642	1.16	415
2923	2.55	672	3220	2.52	666	3643	3.77	897
2942	3.03	761	3223	4.07	900	3647	4.05	900
2960	3.78	899	3224	3.33	816	3648	2.64	688
3004	3.22	796	3227	2.22	611	3681	1.76	526
3018	3.87	900	3240	4.17	900	3685	2.31	627
3022	4.15	900	3241	3.70	885	3719	4.26	900
3027	3.77	897	3255	3.27	805	3724	8.40	900
3028	3.96	900	3257	3.36	822	3726	4.49	900
3030	5.23	900	3270	5.51	900	3803	2.32	629
3040	5.19	900	3300	4.61	900	3807	2.01	572
3041	4.49	900	3303	4.54	900	3808	3.43	835
3042	4.07	900	3307	4.45	900	3821	5.28	900
3064	5.81	900	3315	3.33	816	3822	3.45	838
3069	8.43	900	3334	3.17	786	3824	6.05	900

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

**COMMERCIAL LINES MANUAL**  
**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**ARKANSAS**

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
3826	1.30	441	4282	2.73	705	4693	1.09	402
3827	1.50	478	4283	2.94	744	4703	2.90	737
3830	1.44	466	4299	1.88	548	4717	3.04	762
3851	3.59	864	4304	3.48	844	4720	4.98	900
3865	1.62	500	4307	3.38	825	4740	1.88	548
3881	4.77	900	4351	1.37	453	4741	2.25	616
4000	9.29	900	4352	1.28	437	4751	2.39	642
4021	5.63	900	4360	1.00	385	4771*	2.24	614
4024E	2.13	594	4361	1.69	513	4777	2.22	611
4034	8.64	900	4362	1.36	452	4825	0.95	376
4036	3.31	812	4410	3.68	881	4828	1.80	533
4038	2.66	692	4420	4.36	900	4829	1.95	561
4053	4.05	900	4431	1.85	542	4902	2.15	598
4061	5.42	900	4432	1.99	568	4923	1.43	465
4062	3.92	900	4439	2.34	633	5020	7.23	900
4101	2.48	659	4452	4.29	900	5022	7.90	900
4111	2.92	740	4459	2.64	688	5037	22.05	900
4112	1.20	422	4470	2.85	727	5040	25.77	900
4113	2.11	590	4484	2.94	744	5057	20.29	900
4114	3.03	761	4493	3.54	855	5059	29.13	900
4130	7.04	900	4511	0.86	359	5069	28.00	900
4131	3.40	829	4557	2.29	624	5102	5.39	900
4133	3.24	799	4558	2.36	637	5146	6.37	900
4150	1.64	503	4561	2.39	642	5160	5.67	900
4206	5.00	900	4568	3.36	822	5183	4.10	900
4207	1.44	466	4581	2.11	590	5188	6.83	900
4239	1.67	509	4583	5.76	900	5190	3.79	900
4240	3.68	881	4611	1.18	418	5191X	2.24	614
4243	1.80	533	4635	4.82	900	5192	5.03	900
4244	2.96	748	4653	1.69	513	5213	9.68	900
4250	1.87	546	4665	8.57	900	5215	5.07	900
4251	2.08	585	4670	5.51	900	5221	5.16	900
4263	2.99	753	4683	5.84	900	5222	12.69	900
4273	2.04	577	4686	1.44	466	5223	6.93	900
4279	2.22	611	4692	0.46	285	5348	4.84	900

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**COMMERCIAL LINES MANUAL**  
**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**ARKANSAS**

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
5402	6.35	900	6216	6.62	900	7420x*	27.40	900
5403	11.25	900	6217	6.18	900	7421	2.85	727
5437	5.93	900	6229	5.17	900	7422	3.15	783
5443	4.72	900	6233	9.50	900	7423x	3.59	864
5445	6.75	900	6235	14.38	900	7425	4.44	900
5462	7.81	900	6236	16.42	900	7431*	2.46	655
5472	6.46	900	6237	4.51	900	7445*	1.02	389
5473	6.58	900	6251D	9.79	900	7453*	1.32	444
5474	9.15	900	6252D	8.87	900	7502	3.73	890
5478	5.61	900	6260D	6.72	900	7515	1.37	453
5479	13.11	900	6306	6.95	900	7520	3.32	814
5480	12.81	900	6319	6.95	900	7538	12.21	900
5491	2.75	709	6325	6.46	900	7539	7.76	900
5506	5.61	900	6400	8.68	900	7540	5.16	900
5507	7.34	900	6504	3.03	761	7580	2.60	681
5508D	9.33	900	6811	7.09	900	7590	5.54	900
5535	8.43	900	6834	5.30	900	7600	3.77	897
5537	7.04	900	6836	11.62	900	7601	15.10	900
5551	18.37	900	6854	6.69	900	7605	4.22	900
5606	2.48	659	6882	7.66	900	7610	0.60	311
5610	8.71	900	6884	16.81	900	7611	7.48	900
5645	12.65	900	7133	4.42	900	7612	20.82	900
5651	11.79	900	7222	12.60	900	7613	5.98	900
5703	126.83	900	7228X	9.87	900	7705	3.48	844
5705	6.39	900	7229X	9.82	900	7710	8.41	900
5951	0.48	289	7230	4.80	900	7711	8.41	900
6003	13.11	900	7231	10.61	900	7720X	3.48	844
6005	8.64	900	7232	18.06	900	7855	7.60	900
6017	5.46	900	7360	7.44	900	8001	3.10	774
6018	2.78	714	7370	6.44	900	8002	4.07	900
6045	3.73	890	7380X	5.23	900	8006	2.85	727
6204	12.18	900	7382	3.54	855	8008	1.48	474
6206	9.38	900	7390	4.47	900	8010	2.73	705
6213	14.52	900	7403x	3.59	864	8013	0.63	317
6214	3.50	848	7405*	1.90	552	8015	0.88	363

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.



**COMMERCIAL LINES MANUAL**  
**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**ARKANSAS**

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
8017	1.51	479	8293	10.45	900	8869	0.95	376
8018X*	3.40	829	8295X	7.59	900	8871	0.32	259
8021	2.18	603	8304	9.05	900	8901	0.37	268
8031	3.96	900	8350	6.62	900	9012	2.13	594
8032	2.04	577	8380	3.40	829	9014	2.97	749
8033	2.48	659	8381	1.78	529	9015X	3.52	851
8039	1.85	542	8385	3.41	831	9016	6.30	900
8044	4.07	900	8392	4.40	900	9019	4.24	900
8045	0.58	307	8393	2.08	585	9033	2.31	627
8046	3.61	868	8500	6.42	900	9040*	4.45	900
8047	1.55	487	8601	0.88	363	9052	2.24	614
8058	3.64	873	8606	4.56	900	9058	2.18	603
8072	0.83	354	8719	2.27	620	9059	3.75	894
8102	3.36	822	8720	1.51	479	9060	2.29	624
8103	5.93	900	8721	0.51	294	9061	1.74	522
8105	6.00	900	8742X	0.65	320	9063	1.39	457
8106	5.60	900	8745	5.93	900	9082	2.09	587
8107	3.93	900	8748	0.53	298	9083	1.87	546
8111	4.01	900	8755	0.37	268	9084	2.59	679
8116	4.42	900	8799	1.23	428	9089	1.67	509
8203	7.85	900	8800	1.23	428	9093	1.87	546
8204	7.92	900	8803	0.11	220	9101	3.89	900
8209	3.89	900	8810	0.32	259	9102	3.82	900
8215	6.97	900	8820	0.28	252	9154	3.12	777
8227	5.53	900	8824	3.61	868	9156	1.78	529
8232	8.18	900	8825	2.99	753	9170	2.97	749
8233	6.18	900	8826	2.87	731	9178	31.80	900
8235	5.17	900	8829	3.41	831	9179	55.51	900
8263	11.62	900	8831	3.78	899	9180	5.51	900
8264	5.16	900	8832	0.35	265	9182	3.40	829
8265	12.23	900	8833X*	1.43	465	9186	69.19	900
8279	13.22	900	8835	2.75	709	9220	4.80	900
8288	8.57	900	8842	1.50	478	9402	6.69	900
8291	3.12	777	8864	1.50	478	9403	8.22	900
8292	3.78	899	8868	0.51	294	9410	2.50	663

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

## ARKANSAS

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
9501	6.14	900	6872F	27.70	900	7398	33.05	900
9505	4.51	900	6874F	49.21	900	8734	0.88	363
9516	3.59	864	7309F	34.14	900	8737	0.79	346
9519	3.13	779	7313F	7.87	900	8738	1.39	457
9521	6.72	900	7317F	12.60	900	8805	0.42	278
9522	1.95	561	7327F	27.47	900	8814	0.39	272
9534	9.52	900	7350F	29.83	900	8815	0.69	328
9554	11.00	900	8709F	10.38	900			
9586	0.93	372	8726F	12.34	900			
9600	2.06	581	9077F	5.05	900			
9620	1.55	487						
			MARITIME AND FEDERAL CLASSIFICATIONS					
			6702*	9.24	900			
			6703*	16.26	900			
			6704*	10.26	900			
			7016	6.95	900			
	PER CAPITA		7024	7.73	900			
0908	157.00	357	7038	8.25	900			
0913	419.00	619	7046	36.36	900			
			7047	12.25	900			
			7050	14.54	900			
			7090	9.17	900			
			7098	40.41	900			
			7099	64.05	900			
			7151	5.37	900			
	F		7152	9.45	900			
	CLASSIFICATIONS		7153	5.97	900			
6801F	17.74	900	7333	9.36	900			
6824F	30.66	900	7335	10.40	900			
6826F	14.84	900	7337	16.49	900			
6843F	20.38	900	7394	18.78	900			
6845F	23.99	900	7395	20.86	900			

**REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.**

**LEGEND**

- A** Rate for each individual risk must be obtained by Home Office from Rating Organization having jurisdiction.
- D** Special Disease Rule for this classification-See Rule 3-A-7 of NCCI Basic Manual – Disease Loading.
- E** Classification involving specific disease loading. Refer to Home Office for amount.
- F** Rate provides for coverage under the United States Longshore and Harbor Workers' Compensation Act and its extensions. The rate contains a provision for federal assessment.
- M** Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for federal assessment is included for those classifications under Program II USL Act.
- X** Refer to special classification phraseology in the NCCI Manual which is applicable in this state.

**MISCELLANEOUS VALUES**

- \* Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 ..... \$200
- Premium Discount Percentages – the following premium discounts are applicable to Standard Premiums.

				Stock
First	\$ 5,000	.....	—	—
Next	95,000	.....	“a”	10.9%
Next	400,000	.....	“b”	12.6%
Over	500,000	.....	“c”	14.4%

**FOOTNOTES\***

- \* **Code 1005:** Rate includes a non-ratable disease element of \$5.02. (For coverage written separately for federal benefits only, \$3.78. For coverage written separately for state benefits only, \$1.23.)
- \* **Code 1016:** Rate includes a non-ratable disease element of \$20.06. (For coverage written separately for federal benefits only, \$15.12. For coverage written separately for state benefits only \$4.95.) It also includes a catastrophe loading of \$0.18. Refer to the manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of this classification code.
- Code 6702** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate and elr each x 1.215.
- \* **Code 6703** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate x 2.140 and elr x 1.982.
- Code 6704** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate and elr each x 1.35.
- Codes 7420** Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. The ELR on the rate page should be applied to policies with effective dates on or after January 1, 2005.
- Code 8018:** See Arkansas Special Classification for Warehousing groceries exclusively.
- \* **Code 8833:** The ex-medical rate for this classification is \$.76. A charge of \$0.18 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- \* **Code 9040** The ex-medical rate for this classification is \$2.18. A charge of \$0.18 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

### Non-Ratable Portions of Codes

For Non-Ratable portions of Rates for Codes shown below, refer to corresponding code indicated.

For Non-Ratable Portion of Code	Refer To Code
4771	0771
7405	7445
7431	7453

\*

**Premium Reduction Percentages** – The following percentages are applicable by hazard group.

Applicable to TOTAL LOSSES	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	6.8%	5.5%	4.8%	4.0%	3.3%	2.3%	1.8%
Percentage premium reduction for employers electing a \$1,500 deductible	8.2%	6.8%	5.9%	5.0%	4.2%	3.0%	2.3%
Percentage premium reduction for employers electing a \$2,000 deductible	9.4%	7.7%	6.7%	5.8%	4.9%	3.5%	2.7%
Percentage premium reduction for employers electing a \$2,500 deductible	10.4%	8.7%	7.5%	6.5%	5.5%	4.0%	3.1%
Percentage premium reduction for employers electing a \$3,000 deductible	11.3%	9.4%	8.2%	7.1%	6.1%	4.5%	3.4%
Percentage premium reduction for employers electing a \$3,500 deductible	12.1%	10.1%	8.9%	7.7%	6.6%	4.9%	3.8%
Percentage premium reduction for employers electing a \$4,000 deductible	12.9%	10.8%	9.5%	8.2%	7.1%	5.3%	4.1%
Percentage premium reduction for employers electing a \$4,500 deductible	13.6%	11.4%	10.1%	8.8%	7.5%	5.7%	4.4%
Percentage premium reduction for employers electing a \$5,000 deductible	14.3%	12.0%	10.6%	9.3%	8.0%	6.1%	4.7%

\*

**Miscellaneous Values**

Basis of premium applicable in accordance with the footnote instructions for Code 7370 – "Taxicab Co.":		
Employee operated vehicle		\$46,220.00
Leased or rented vehicle		\$30,813.00
Aviation – Aerial Application, Seeding, Herding, or Scintillometer Surveying – "Flying Crew" maximum payroll per week per employee Code 7420		\$600
Maximum Payroll Remuneration applicable in accordance with Basic Manual Rule 2-E-1 – "Executive Officers" and the footnote instructions for: Code 9178 – "Athletic Team: Non-Contact Sports," Code 9179 – "Athletic Team: Contact Sports," and Code 9186 – "Carnival – Traveling"		\$2,200.00
Minimum Payroll Remuneration applicable in accordance with Basic Manual Rule 2-E-1 – "Executive Officers"		\$300.00
Per Passenger Seat Surcharge – In accordance with the footnote instructions for classification Code 7421, the surcharge is:		
Maximum surcharge per aircraft		\$1,000.00
Per passenger seat		\$100.00
Premium Determination for Partners and Sole Proprietors in accordance with Basic Manual Rule 2-E-3		\$30,800.00
United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Rule 3-A-4 "U.S. Longshore and Harbor Workers' Compensation Act" of the Basic Manual.		90%

\*

(Multiply a Non-"F" classification rate by a factor of 1.90 to adjust for differences in benefits and loss-based expenses. This factor is the product for differences in benefits (1.67) and for differences in loss-based expenses (1.139)).

\* **Premium Reduction Percentages** – The following percentages are applicable by hazard group.

Applicable to INDEMNITY LOSSES ONLY	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	1.5%	1.2%	1.1%	1.0%	0.9%	0.8%	0.6%
Percentage premium reduction for employers electing a \$1,500 deductible	2.0%	1.7%	1.5%	1.4%	1.3%	1.1%	0.8%
Percentage premium reduction for employers electing a \$2,000 deductible	2.5%	2.1%	1.9%	1.8%	1.6%	1.4%	1.0%
Percentage premium reduction for employers electing a \$2,500 deductible	2.9%	2.5%	2.3%	2.1%	1.9%	1.6%	1.2%
Percentage premium reduction for employers electing a \$3,000 deductible	3.3%	2.8%	2.6%	2.4%	2.2%	1.8%	1.4%
Percentage premium reduction for employers electing a \$3,500 deductible	3.7%	3.1%	2.9%	2.7%	2.4%	2.1%	1.6%
Percentage premium reduction for employers electing a \$4,000 deductible	4.0%	3.4%	3.2%	3.0%	2.6%	2.3%	1.8%
Percentage premium reduction for employers electing a \$4,500 deductible	4.4%	3.7%	3.4%	3.2%	2.9%	2.4%	1.9%
Percentage premium reduction for employers electing a \$5,000 deductible	4.7%	4.0%	3.7%	3.4%	3.1%	2.6%	2.1%

\*

Applicable to MEDICAL LOSSES ONLY	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	6.6%	5.4%	4.6%	3.8%	3.2%	2.2%	1.7%
Percentage premium reduction for employers electing a \$1,500 deductible	7.8%	6.4%	5.6%	4.7%	3.9%	2.8%	2.1%
Percentage premium reduction for employers electing a \$2,000 deductible	8.9%	7.3%	6.3%	5.4%	4.6%	3.2%	2.5%
Percentage premium reduction for employers electing a \$2,500 deductible	9.7%	8.0%	7.0%	5.9%	5.1%	3.6%	2.8%
Percentage premium reduction for employers electing a \$3,000 deductible	10.4%	8.7%	7.5%	6.4%	5.5%	4.0%	3.1%
Percentage premium reduction for employers electing a \$3,500 deductible	11.1%	9.2%	8.0%	6.9%	5.9%	4.3%	3.3%
Percentage premium reduction for employers electing a \$4,000 deductible	11.6%	9.7%	8.5%	7.3%	6.3%	4.6%	3.6%
Percentage premium reduction for employers electing a \$4,500 deductible	12.1%	10.2%	8.9%	7.7%	6.6%	4.9%	3.8%
Percentage premium reduction for employers electing a \$5,000 deductible	12.7%	10.6%	9.3%	8.0%	6.9%	5.2%	4.0%

**TABLE OF SPECIFIC DISEASE LOADINGS**

**DISEASE SYMBOLS**

**Asb** = Asbestos **S** = Silica

\*

Code No.		Specific Disease Loadings	Disease Symbol
0059	D	0.37	S
0065	D	0.07	S
0066	D	0.07	S
0067	D	0.07	S
1164	E	0.11	S
1165	E	0.05	S
1624	E	0.05	S
1710	E	0.07	S
1741	E	0.30	S
1803	D	0.30	S
1852	D	0.05	Asb
3081	D	0.05	S
3082	D	0.07	S
3085	D	0.07	S
3175	D	0.04	S
4024	E	0.02	S
5508	D	0.04	S
6251	D	0.07	S
6252	D	0.05	S
6260	D	0.04	S

**Miscellaneous Values**

\*

Foreign Terrorism.....0.04  
Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (DTEC) .....0.02

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CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
0005	5.12	900	1642	4.07	900	2130	3.09	772
0008	3.14	781	1654	8.78	900	2131	1.89	550
0016	6.59	900	1655	4.89	900	2143	2.34	633
0034	4.49	900	1699	2.27	620	2157	4.05	900
0035	2.61	683	1701	3.77	897	2172	2.30	626
0036	4.34	900	1710E	7.04	900	2174	2.99	753
0037	4.70	900	1741E	1.88	548	2211	5.61	900
0042	7.61	900	1745X	3.09	772	2220	2.13	594
0050	5.79	900	1747	2.58	677	2286	1.58	492
0059D	0.32	259	1748	6.05	900	2288	4.92	900
0065D	0.06	211	1803D	5.79	900	2300	2.30	626
0066D	0.06	211	1852D	2.37	638	2302	2.01	572
0067D	0.06	211	1853	2.82	722	2305	2.66	692
0079	3.38	825	1860	1.62	500	2361	1.44	466
0083	8.87	900	1924	3.44	836	2362	1.94	559
0106	15.03	900	1925	2.84	725	2380	6.60	900
0113	5.03	900	2001	2.57	675	2386	1.29	439
0170	2.79	716	2002	3.56	859	2388	2.04	577
0251	5.66	900	2003	2.99	753	2402	2.46	655
0400	9.02	900	2014	5.63	900	2413	1.97	564
0401	13.16	900	2016	2.58	677	2416	2.04	577
0771*	0.33	261	2021	3.57	860	2417	1.89	550
0917	3.95	900	2039	4.91	900	2501	1.61	498
1005*	10.49	900	2041	4.22	900	2503	1.44	466
1016*	38.79	900	2065	1.31	442	2534	2.55	672
1164E	7.68	900	2070	5.37	900	2570	5.18	900
1165E	7.32	900	2081	4.64	900	2585	2.85	727
1320	3.09	772	2089	2.90	737	2586	1.08	400
1322	12.45	900	2095	3.44	836	2587	2.31	627
1430	5.61	900	2105	2.66	692	2589	1.71	516
1438	2.88	733	2110	2.39	642	2600	5.18	900
1452	1.98	566	2111	2.16	600	2623	2.69	698
1463	12.33	900	2112	2.75	709	2651	2.39	642
1472	3.75	894	2114	3.30	811	2660	1.68	511
1624E	8.12	900	2121	2.10	589	2670	2.51	664

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.



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CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
2683	2.16	600	3076	2.96	748	3336	2.63	687
2688	3.09	772	3081D	2.72	703	3365	10.37	900
2701	8.42	900	3082D	4.31	900	3372	2.91	738
2702X	28.89	900	3085D	3.18	788	3373	3.63	872
2710	8.90	900	3110	3.24	799	3383	1.04	392
2714	5.36	900	3111	3.23	798	3385	0.95	376
2719X	11.67	900	3113	2.31	627	3400	2.76	711
2731	3.92	900	3114	2.73	705	3507	3.12	777
2735	3.18	788	3118	1.53	483	3515	2.52	666
2759	7.94	900	3119	1.16	415	3548	1.34	448
2790	1.50	478	3122	1.23	428	3559	2.31	627
2802	6.92	900	3126	2.10	589	3574	1.28	437
2812	4.64	900	3131	0.96	378	3581	1.29	439
2835	1.77	527	3132	2.19	605	3612	2.37	638
2836	2.52	666	3145	2.04	577	3620	6.51	900
2841	4.40	900	3146	2.75	709	3629	2.04	577
2881	2.43	650	3169	2.82	722	3632	3.30	811
2883	4.61	900	3175D	3.11	775	3634	2.04	577
2913	3.32	814	3179	2.54	670	3635	1.91	553
2915	4.11	900	3180	2.27	620	3638	1.70	515
2916	2.63	687	3188	1.52	481	3642	0.99	383
2923	2.18	603	3220	2.15	598	3643	3.21	794
2942	2.58	677	3223	3.47	842	3647	3.45	838
2960	3.23	798	3224	2.84	725	3648	2.25	616
3004	2.75	709	3227	1.89	550	3681	1.50	478
3018	3.30	811	3240	3.56	859	3685	1.97	564
3022	3.54	855	3241	3.15	783	3719	3.63	872
3027	3.21	794	3255	2.79	716	3724	7.16	900
3028	3.38	825	3257	2.87	731	3726	3.83	900
3030	4.46	900	3270	4.70	900	3803	1.98	566
3040	4.43	900	3300	3.93	900	3807	1.71	516
3041	3.83	900	3303	3.87	900	3808	2.93	742
3042	3.47	842	3307	3.80	900	3821	4.50	900
3064	4.95	900	3315	2.84	725	3822	2.94	744
3069	7.19	900	3334	2.70	700	3824	5.16	900

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CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
3826	1.11	405	4282	2.33	631	4693	0.93	372
3827	1.28	437	4283	2.51	664	4703	2.48	659
3830	1.23	428	4299	1.61	498	4717	2.60	681
3851	3.06	766	4304	2.97	749	4720	4.25	900
3865	1.38	455	4307	2.88	733	4740	1.61	498
3881	4.07	900	4351	1.17	416	4741	1.92	555
4000	7.92	900	4352	1.10	404	4751	2.04	577
4021	4.80	900	4360	0.86	359	4771*	1.91	553
4024E	1.82	537	4361	1.44	466	4777	1.89	550
4034	7.37	900	4362	1.16	415	4825	0.81	350
4036	2.82	722	4410	3.14	781	4828	1.53	483
4038	2.27	620	4420	3.72	888	4829	1.67	509
4053	3.45	838	4431	1.58	492	4902	1.83	539
4061	4.62	900	4432	1.70	515	4923	1.22	426
4062	3.35	820	4439	2.00	570	5020	6.17	900
4101	2.12	592	4452	3.66	877	5022	6.74	900
4111	2.49	661	4459	2.25	616	5037	18.80	900
4112	1.02	389	4470	2.43	650	5040	21.96	900
4113	1.80	533	4484	2.51	664	5057	17.30	900
4114	2.58	677	4493	3.02	759	5059	24.83	900
4130	6.00	900	4511	0.74	337	5069	23.87	900
4131	2.90	737	4557	1.95	561	5102	4.59	900
4133	2.76	711	4558	2.01	572	5146	5.43	900
4150	1.40	459	4561	2.04	577	5160	4.83	900
4206	4.26	900	4568	2.87	731	5183	3.50	848
4207	1.23	428	4581	1.80	533	5188	5.82	900
4239	1.43	465	4583	4.91	900	5190	3.22	796
4240	3.14	781	4611	1.01	387	5191X	1.91	553
4243	1.53	483	4635	4.11	900	5192	4.29	900
4244	2.52	666	4653	1.44	466	5213	8.25	900
4250	1.59	494	4665	7.31	900	5215	4.32	900
4251	1.77	527	4670	4.70	900	5221	4.40	900
4263	2.55	672	4683	4.98	900	5222	10.82	900
4273	1.74	522	4686	1.23	428	5223	5.91	900
4279	1.89	550	4692	0.39	272	5348	4.13	900

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CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
5402	5.42	900	6216	5.64	900	7420x*	23.36	900
5403	9.56	900	6217	5.27	900	7421	2.43	650
5437	5.06	900	6229	4.41	900	7422	2.69	698
5443	4.02	900	6233	8.10	900	7423x	3.06	766
5445	5.73	900	6235	12.26	900	7425	3.78	899
5462	6.66	900	6236	14.00	900	7431*	2.10	589
5472	5.51	900	6237	3.84	900	7445*	0.87	361
5473	5.61	900	6251D	8.34	900	7453*	1.13	409
5474	7.80	900	6252D	7.56	900	7502	3.18	788
5478	4.79	900	6260D	5.73	900	7515	1.17	416
5479	11.18	900	6306	5.93	900	7520	2.82	722
5480	10.92	900	6319	5.93	900	7538	10.41	900
5491	2.34	633	6325	5.51	900	7539	6.62	900
5506	4.79	900	6400	7.40	900	7540	4.40	900
5507	6.26	900	6504	2.58	677	7580	2.22	611
5508D	7.95	900	6811	6.05	900	7590	4.73	900
5535	7.19	900	6834	4.52	900	7600	3.21	794
5537	6.00	900	6836	9.90	900	7601	12.87	900
5551	15.66	900	6854	5.70	900	7605	3.60	866
5606	2.12	592	6882	6.53	900	7610	0.51	294
5610	7.43	900	6884	14.33	900	7611	6.38	900
5645	10.75	900	7133	3.77	897	7612	17.75	900
5651	10.05	900	7222	10.74	900	7613	5.10	900
5703	108.09	900	7228X	8.42	900	7705	2.97	749
5705	5.45	900	7229X	8.37	900	7710	7.17	900
5951	0.41	276	7230	4.10	900	7711	7.17	900
6003	11.18	900	7231	9.05	900	7720X	2.97	749
6005	7.37	900	7232	15.39	900	7855	6.48	900
6017	4.65	900	7360	6.35	900	8001	2.64	688
6018	2.37	638	7370	5.49	900	8002	3.47	842
6045	3.18	788	7380X	4.46	900	8006	2.43	650
6204	10.38	900	7382	3.02	759	8008	1.26	433
6206	8.00	900	7390	3.81	900	8010	2.33	631
6213	12.38	900	7403x	3.06	766	8013	0.54	300
6214	2.99	753	7405*	1.62	500	8015	0.75	339

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8017	1.29	439	8293	8.91	900	8869	0.81	350
8018X*	2.90	737	8295X	6.47	900	8871	0.27	250
8021	1.86	544	8304	7.71	900	8901	0.32	259
8031	3.38	825	8350	5.64	900	9012	1.82	537
8032	1.74	522	8380	2.90	737	9014	2.54	670
8033	2.12	592	8381	1.52	481	9015X	3.00	755
8039	1.58	492	8385	2.91	738	9016	5.37	900
8044	3.47	842	8392	3.75	894	9019	3.62	870
8045	0.50	293	8393	1.77	527	9033	1.97	564
8046	3.08	770	8500	5.48	900	9040*	3.80	900
8047	1.32	444	8601	0.75	339	9052	1.91	553
8058	3.11	775	8606	3.89	900	9058	1.86	544
8072	0.71	331	8719	1.94	559	9059	3.20	792
8102	2.87	731	8720	1.29	439	9060	1.95	561
8103	5.06	900	8721	0.44	281	9061	1.49	476
8105	5.12	900	8742X	0.56	304	9063	1.19	420
8106	4.77	900	8745	5.06	900	9082	1.79	531
8107	3.34	818	8748	0.45	283	9083	1.59	494
8111	3.42	833	8755	0.32	259	9084	2.21	609
8116	3.76	896	8799	1.05	394	9089	1.43	465
8203	6.69	900	8800	1.05	394	9093	1.59	494
8204	6.75	900	8803	0.09	217	9101	3.32	814
8209	3.32	814	8810	0.27	250	9102	3.26	803
8215	5.94	900	8820	0.24	244	9154	2.66	692
8227	4.71	900	8824	3.08	770	9156	1.52	481
8232	6.98	900	8825	2.55	672	9170	2.54	670
8233	5.27	900	8826	2.45	653	9178	27.11	900
8235	4.41	900	8829	2.91	738	9179	47.31	900
8263	9.90	900	8831	3.23	798	9180	4.70	900
8264	4.40	900	8832	0.30	256	9182	2.90	737
8265	10.43	900	8833X*	1.22	426	9186	58.97	900
8279	11.27	900	8835	2.34	633	9220	4.10	900
8288	7.31	900	8842	1.28	437	9402	5.70	900
8291	2.66	692	8864	1.28	437	9403	7.01	900
8292	3.23	798	8868	0.44	281	9410	2.13	594

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

## ARKANSAS

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
9501	5.24	900	6872F	23.61	900	7398	28.17	900
9505	3.84	900	6874F	41.94	900	8734	0.75	339
9516	3.06	766	7309F	29.10	900	8737	0.68	326
9519	2.67	694	7313F	6.71	900	8738	1.19	420
9521	5.73	900	7317F	10.74	900	8805	0.36	267
9522	1.67	509	7327F	23.42	900	8814	0.33	261
9534	8.12	900	7350F	25.43	900	8815	0.59	309
9554	9.38	900	8709F	8.85	900			
9586	0.80	348	8726F	10.52	900			
9600	1.76	526	9077F	4.31	900			
9620	1.32	444						
			MARITIME AND FEDERAL CLASSIFICATIONS					
			6702*	7.88	900			
			6703*	13.86	900			
			6704*	8.75	900			
			7016	5.93	900			
	PER CAPITA		7024	6.59	900			
0908	134.00	334	7038	7.04	900			
0913	357.00	557	7046	30.99	900			
			7047	10.44	900			
			7050	12.39	900			
			7090	7.82	900			
			7098	34.44	900			
			7099	54.59	900			
			7151	4.58	900			
	F		7152	8.06	900			
	CLASSIFICATIONS		7153	5.09	900			
6801F	15.12	900	7333	7.98	900			
6824F	26.13	900	7335	8.87	900			
6826F	12.65	900	7337	14.06	900			
6843F	17.37	900	7394	16.01	900			
6845F	20.45	900	7395	17.78	900			

**REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.**

**LEGEND**

- A** Rate for each individual risk must be obtained by Home Office from Rating Organization having jurisdiction.
- D** Special Disease Rule for this classification-See Rule 3-A-7 of NCCI Basic Manual – Disease Loading.
- E** Classification involving specific disease loading. Refer to Home Office for amount.
- F** Rate provides for coverage under the United States Longshore and Harbor Workers' Compensation Act and its extensions. The rate contains a provision for federal assessment.
- M** Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for federal assessment is included for those classifications under Program II USL Act.
- X** Refer to special classification phraseology in the NCCI Manual which is applicable in this state.

**MISCELLANEOUS VALUES**

- \* Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 ..... \$200
- Premium Discount Percentages – the following premium discounts are applicable to Standard Premiums.

			Stock
First	\$ 5,000	..... —	—
Next	95,000	..... “a”	10.9%
Next	400,000	..... “b”	12.6%
Over	500,000	..... “c”	14.4%

**FOOTNOTES\***

- \* **Code 1005:** Rate includes a non-ratable disease element of \$4.28. (For coverage written separately for federal benefits only, \$3.23. For coverage written separately for state benefits only, \$1.05.)
- \* **Code 1016:** Rate includes a non-ratable disease element of \$17.10. (For coverage written separately for federal benefits only, \$12.89. For coverage written separately for state benefits only \$4.22.) It also includes a catastrophe loading of \$0.15 Refer to the manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of this classification code.
- Code 6702** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate and elr each x 1.215.
- \* **Code 6703** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate x 2.140 and elr x 1.982.
- Code 6704** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate and elr each x 1.35.
- Codes 7420** Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. The ELR on the rate page should be applied to policies with effective dates on or after January 1, 2005.
- Code 8018:** See Arkansas Special Classification for Warehousing groceries exclusively.
- \* **Code 8833:** The ex-medical rate for this classification is \$.65. A charge of \$0.15 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- \* **Code 9040** The ex-medical rate for this classification is \$1.86. A charge of \$0.18 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

**Non-Ratable Portions of Codes**

For Non-Ratable portions of Rates for Codes shown below, refer to corresponding code indicated.

For Non-Ratable Portion of Code	Refer To Code
4771	0771
7405	7445
7431	7453

\*

**Premium Reduction Percentages** – The following percentages are applicable by hazard group.

Applicable to TOTAL LOSSES	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	6.8%	5.5%	4.8%	4.0%	3.3%	2.3%	1.8%
Percentage premium reduction for employers electing a \$1,500 deductible	8.2%	6.8%	5.9%	5.0%	4.2%	3.0%	2.3%
Percentage premium reduction for employers electing a \$2,000 deductible	9.4%	7.7%	6.7%	5.8%	4.9%	3.5%	2.7%
Percentage premium reduction for employers electing a \$2,500 deductible	10.4%	8.7%	7.5%	6.5%	5.5%	4.0%	3.1%
Percentage premium reduction for employers electing a \$3,000 deductible	11.3%	9.4%	8.2%	7.1%	6.1%	4.5%	3.4%
Percentage premium reduction for employers electing a \$3,500 deductible	12.1%	10.1%	8.9%	7.7%	6.6%	4.9%	3.8%
Percentage premium reduction for employers electing a \$4,000 deductible	12.9%	10.8%	9.5%	8.2%	7.1%	5.3%	4.1%
Percentage premium reduction for employers electing a \$4,500 deductible	13.6%	11.4%	10.1%	8.8%	7.5%	5.7%	4.4%
Percentage premium reduction for employers electing a \$5,000 deductible	14.3%	12.0%	10.6%	9.3%	8.0%	6.1%	4.7%

\*

**Miscellaneous Values**

Basis of premium applicable in accordance with the footnote instructions for Code 7370 – "Taxicab Co.":		
Employee operated vehicle		\$46,220.00
Leased or rented vehicle		\$30,813.00
Aviation – Aerial Application, Seeding, Herding, or Scintillometer Surveying – "Flying Crew" maximum payroll per week per employee Code 7420		\$600
Maximum Payroll Remuneration applicable in accordance with Basic Manual Rule 2-E-1 – "Executive Officers" and the footnote instructions for: Code 9178 – "Athletic Team: Non-Contact Sports," Code 9179 – "Athletic Team: Contact Sports," and Code 9186 – "Carnival – Traveling"		\$2,200.00
Minimum Payroll Remuneration applicable in accordance with Basic Manual Rule 2-E-1 – "Executive Officers"		\$300.00
Per Passenger Seat Surcharge – In accordance with the footnote instructions for classification Code 7421, the surcharge is:		
Maximum surcharge per aircraft		\$1,000.00
Per passenger seat		\$100.00
Premium Determination for Partners and Sole Proprietors in accordance with Basic Manual Rule 2-E-3		\$30,800.00
United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Rule 3-A-4 "U.S. Longshore and Harbor Workers' Compensation Act" of the Basic Manual.		90%

\*

(Multiply a Non-"F" classification rate by a factor of 1.90 to adjust for differences in benefits and loss-based expenses. This factor is the product for differences in benefits (1.67) and for differences in loss-based expenses (1.139)).



\* **Premium Reduction Percentages** – The following percentages are applicable by hazard group.

Applicable to INDEMNITY LOSSES ONLY	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	1.5%	1.2%	1.1%	1.0%	0.9%	0.8%	0.6%
Percentage premium reduction for employers electing a \$1,500 deductible	2.0%	1.7%	1.5%	1.4%	1.3%	1.1%	0.8%
Percentage premium reduction for employers electing a \$2,000 deductible	2.5%	2.1%	1.9%	1.8%	1.6%	1.4%	1.0%
Percentage premium reduction for employers electing a \$2,500 deductible	2.9%	2.5%	2.3%	2.1%	1.9%	1.6%	1.2%
Percentage premium reduction for employers electing a \$3,000 deductible	3.3%	2.8%	2.6%	2.4%	2.2%	1.8%	1.4%
Percentage premium reduction for employers electing a \$3,500 deductible	3.7%	3.1%	2.9%	2.7%	2.4%	2.1%	1.6%
Percentage premium reduction for employers electing a \$4,000 deductible	4.0%	3.4%	3.2%	3.0%	2.6%	2.3%	1.8%
Percentage premium reduction for employers electing a \$4,500 deductible	4.4%	3.7%	3.4%	3.2%	2.9%	2.4%	1.9%
Percentage premium reduction for employers electing a \$5,000 deductible	4.7%	4.0%	3.7%	3.4%	3.1%	2.6%	2.1%

\*

Applicable to MEDICAL LOSSES ONLY	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	6.6%	5.4%	4.6%	3.8%	3.2%	2.2%	1.7%
Percentage premium reduction for employers electing a \$1,500 deductible	7.8%	6.4%	5.6%	4.7%	3.9%	2.8%	2.1%
Percentage premium reduction for employers electing a \$2,000 deductible	8.9%	7.3%	6.3%	5.4%	4.6%	3.2%	2.5%
Percentage premium reduction for employers electing a \$2,500 deductible	9.7%	8.0%	7.0%	5.9%	5.1%	3.6%	2.8%
Percentage premium reduction for employers electing a \$3,000 deductible	10.4%	8.7%	7.5%	6.4%	5.5%	4.0%	3.1%
Percentage premium reduction for employers electing a \$3,500 deductible	11.1%	9.2%	8.0%	6.9%	5.9%	4.3%	3.3%
Percentage premium reduction for employers electing a \$4,000 deductible	11.6%	9.7%	8.5%	7.3%	6.3%	4.6%	3.6%
Percentage premium reduction for employers electing a \$4,500 deductible	12.1%	10.2%	8.9%	7.7%	6.6%	4.9%	3.8%
Percentage premium reduction for employers electing a \$5,000 deductible	12.7%	10.6%	9.3%	8.0%	6.9%	5.2%	4.0%

**TABLE OF SPECIFIC DISEASE LOADINGS**  
**DISEASE SYMBOLS**

**Asb** = Asbestos **S** = Silica

\*

Code No.		Specific Disease Loadings	Disease Symbol
0059	D	0.32	S
0065	D	0.06	S
0066	D	0.06	S
0067	D	0.06	S
1164	E	0.09	S
1165	E	0.05	S
1624	E	0.05	S
1710	E	0.06	S
1741	E	0.26	S
1803	D	0.26	S
1852	D	0.05	Asb
3081	D	0.05	S
3082	D	0.06	S
3085	D	0.06	S
3175	D	0.03	S
4024	E	0.02	S
5508	D	0.03	S
6251	D	0.06	S
6252	D	0.05	S
6260	D	0.03	S

**Miscellaneous Values**

	Foreign Terrorism.....	0.03
*	Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (DTEC) .....	0.02

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- \* 1. **Tax Multipliers**  
     a. **State (non-F Classes)**  
         1.060  
     b. **Federal Classes, or non-F Classes where rate is increased by USL & HW Act Percentage**  
         1.138
2. **Expected Loss Ratio**  
     0.621  
**Expected Loss & Allocated Expense Ratio**  
     0.678
3. **Table of Expense Ratios**  
     Type A: XXIII-A  
**Table of Expense Ratios for ALAE Options**  
     Type A: XXIII-C

\* 4.

Excess Loss Factors (Applicable to New and Renewal Policies)							
Per Accident Limitation	HAZARD GROUPS						
	A	B	C	D	E	F	G
<b>\$25,000</b>	0.239	0.276	0.297	0.318	0.342	0.375	0.406
<b>30,000</b>	0.220	0.256	0.279	0.299	0.324	0.360	0.392*
<b>35,000</b>	0.204	0.240	0.262	0.283	0.309	0.345	0.381*
<b>40,000</b>	0.190	0.225	0.248	0.269	0.295	0.332	0.369*
<b>50,000</b>	0.168	0.202	0.224	0.245	0.272	0.309	0.349*
<b>75,000</b>	0.132	0.161	0.182	0.202	0.229	0.267	0.310*
<b>100,000</b>	0.109	0.135	0.155	0.173	0.199	0.236	0.281*
<b>125,000</b>	0.094	0.116	0.136	0.153	0.177	0.213	0.258
<b>150,000</b>	0.084	0.104	0.122	0.137	0.161	0.196	0.241
<b>175,000</b>	0.075	0.093	0.111	0.125	0.147	0.181	0.225
<b>200,000</b>	0.068	0.085	0.102	0.115	0.135	0.168	0.212
<b>225,000</b>	0.063	0.078	0.094	0.107	0.126	0.157	0.201
<b>250,000</b>	0.059	0.073	0.089	0.100	0.119	0.149	0.193
<b>275,000</b>	0.055	0.068	0.083	0.094	0.112	0.141	0.184
<b>300,000</b>	0.052	0.065	0.079	0.089	0.106	0.134	0.176
<b>325,000</b>	0.049	0.061	0.075	0.084	0.101	0.128	0.170
<b>350,000</b>	0.047	0.058	0.071	0.081	0.096	0.122	0.163
<b>375,000</b>	0.045	0.055	0.068	0.077	0.093	0.117	0.158
<b>400,000</b>	0.043	0.053	0.065	0.074	0.089	0.113	0.153
<b>425,000</b>	0.041	0.050	0.063	0.071	0.085	0.109	0.148
<b>450,000</b>	0.039	0.048	0.061	0.068	0.082	0.105	0.144
<b>475,000</b>	0.038	0.047	0.058	0.066	0.079	0.102	0.140

\*Also applicable to Underground Coal Mine classifications.

WORKERS COMPENSATION  
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\* 4. (Cont'd.)

<b>Excess Loss Factors (Applicable to New and Renewal Policies)</b>							
<b>Per Accident Limitation</b>	<b>HAZARD GROUPS</b>						
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
<b>500,000</b>	0.037	0.045	0.057	0.064	0.077	0.099	0.136
<b>600,000</b>	0.033	0.040	0.050	0.057	0.068	0.088	0.124
<b>700,000</b>	0.030	0.037	0.046	0.052	0.062	0.080	0.114
<b>800,000</b>	0.028	0.034	0.043	0.048	0.058	0.075	0.107
<b>900,000</b>	0.026	0.032	0.040	0.045	0.053	0.070	0.100
<b>1,000,000</b>	0.024	0.030	0.037	0.042	0.050	0.065	0.094
<b>2,000,000</b>	0.014	0.018	0.024	0.027	0.032	0.042	0.063
<b>3,000,000</b>	0.010	0.013	0.017	0.019	0.024	0.032	0.048
<b>4,000,000</b>	0.007	0.010	0.013	0.015	0.019	0.025	0.040
<b>5,000,000</b>	0.006	0.008	0.011	0.012	0.016	0.021	0.034
<b>6,000,000</b>	0.005	0.006	0.009	0.010	0.012	0.017	0.028
<b>7,000,000</b>	0.004	0.006	0.007	0.008	0.011	0.015	0.024
<b>8,000,000</b>	0.004	0.005	0.006	0.007	0.009	0.013	0.022
<b>9,000,000</b>	0.004	0.004	0.006	0.007	0.008	0.011	0.019
<b>10,000,000</b>	0.003	0.004	0.005	0.006	0.007	0.010	0.017

<b>Excess Loss and Allocated Expense Factors (Applicable to New and Renewal Policies)</b>							
<b>Per Accident Limitation</b>	<b>HAZARD GROUPS</b>						
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
<b>\$25,000</b>	0.306	0.350	0.375	0.399	0.426	0.464	0.498
<b>30,000</b>	0.284	0.327	0.353	0.378	0.406	0.446	0.483*
<b>35,000</b>	0.265	0.308	0.334	0.359	0.388	0.430	0.470*
<b>40,000</b>	0.248	0.291	0.317	0.342	0.373	0.416	0.457*
<b>50,000</b>	0.222	0.262	0.289	0.314	0.346	0.390	0.435*
<b>75,000</b>	0.176	0.212	0.239	0.262	0.294	0.340	0.390*
<b>100,000</b>	0.148	0.180	0.205	0.228	0.259	0.304	0.356*
<b>125,000</b>	0.128	0.157	0.180	0.202	0.232	0.276	0.329
<b>150,000</b>	0.114	0.140	0.163	0.182	0.212	0.254	0.307
<b>175,000</b>	0.102	0.126	0.148	0.166	0.194	0.235	0.289
<b>200,000</b>	0.094	0.115	0.136	0.153	0.180	0.220	0.273
<b>225,000</b>	0.086	0.106	0.126	0.142	0.167	0.206	0.260
<b>250,000</b>	0.081	0.099	0.119	0.134	0.158	0.195	0.248
<b>275,000</b>	0.075	0.093	0.112	0.126	0.149	0.185	0.237

\*Also applicable to Underground Coal Mine classifications.

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\* 4. (Cont'd.)

<b>Excess Loss and Allocated Expense Factors (Applicable to New and Renewal Policies)</b>							
<b>Per Accident Limitation</b>	<b>HAZARD GROUPS</b>						
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
<b>300,000</b>	0.071	0.087	0.106	0.119	0.141	0.176	0.228
<b>325,000</b>	0.067	0.083	0.100	0.113	0.134	0.168	0.219
<b>350,000</b>	0.064	0.079	0.096	0.108	0.128	0.161	0.212
<b>375,000</b>	0.060	0.075	0.092	0.103	0.123	0.155	0.204
<b>400,000</b>	0.058	0.071	0.087	0.099	0.118	0.148	0.198
<b>425,000</b>	0.056	0.068	0.084	0.095	0.113	0.144	0.192
<b>450,000</b>	0.054	0.066	0.081	0.092	0.109	0.139	0.186
<b>475,000</b>	0.052	0.064	0.079	0.089	0.106	0.134	0.182
<b>500,000</b>	0.050	0.061	0.076	0.085	0.102	0.130	0.177
<b>600,000</b>	0.044	0.054	0.068	0.076	0.091	0.117	0.161
<b>700,000</b>	0.040	0.049	0.062	0.069	0.083	0.106	0.148
<b>800,000</b>	0.037	0.045	0.057	0.064	0.077	0.098	0.139
<b>900,000</b>	0.035	0.043	0.054	0.060	0.071	0.092	0.130
<b>1,000,000</b>	0.033	0.040	0.050	0.056	0.066	0.086	0.123
<b>2,000,000</b>	0.020	0.024	0.032	0.036	0.043	0.056	0.083
<b>3,000,000</b>	0.014	0.018	0.024	0.026	0.033	0.043	0.064
<b>4,000,000</b>	0.010	0.014	0.018	0.021	0.026	0.035	0.053
<b>5,000,000</b>	0.008	0.011	0.015	0.017	0.021	0.028	0.045
<b>6,000,000</b>	0.006	0.009	0.012	0.014	0.017	0.024	0.038
<b>7,000,000</b>	0.005	0.007	0.010	0.012	0.015	0.020	0.033
<b>8,000,000</b>	0.005	0.007	0.009	0.010	0.013	0.018	0.030
<b>9,000,000</b>	0.005	0.006	0.008	0.009	0.012	0.016	0.026
<b>10,000,000</b>	0.004	0.005	0.007	0.008	0.010	0.014	0.024

**Retrospective Development Factors**

<b>With Loss Limit</b>			<b>Without Loss Limit</b>			<b>4th &amp; Subsequent Adjustment</b>
<b>1st Adj.</b>	<b>2nd Adj.</b>	<b>3rd Adj.</b>	<b>1st Adj.</b>	<b>2nd Adj.</b>	<b>3rd Adj.</b>	
0.06	0.04	0.04	0.13	0.09	0.09	0.00

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**PART ONE**

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**II. DEFINITIONS**

**Paragraph K. is replaced as follows:**

**K. Large Risk Alternative Rating Option**

The Large Risk Alternative Rating Option provides that a risk may be retrospectively rated as mutually agreed upon by carrier and insured.

It is an available option for a risk if:

- 1) The estimated annual standard countrywide Workers' Compensation premium is in excess of \$250,000; or
- 2) It has any combination of General Liability, Hospital Professional Liability, Commercial Automobile, Crime, Glass or Workers' Compensation premium, as long as the estimated annual standard countrywide Workers' Compensation premium is in excess of \$250,000.

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**III. ELIGIBILITY FOR THE PLAN**

**Paragraph E. is replaced as follows:**

**E. Large Risk Alternative Rating Option**

A risk is eligible for the Large Risk Alternative Rating Option if:

- 1) The estimated standard countrywide Workers' Compensation premium is in excess of \$250,000 annually for the term of the plan; or
- 2) It has any combination of General Liability, Hospital Professional Liability, Commercial Automobile, Crime, Glass or Workers' Compensation premium, as long as the estimated annual standard countrywide Workers' Compensation premium is in excess of \$250,000 annually for the term of the plan.

**PART TWO**

---

**OPERATION OF THE PLAN**

**A. The Retrospective Premium Formula**

**Note:** Risks with one or both of the following may be rated under the Large Risk Alternative Rating option.

- 1) The estimated annual standard countrywide Workers' Compensation premium is in excess of \$250,000; or
- 2) It has any combination of General Liability, Hospital Professional Liability, Commercial Automobile, Crime, Glass or Workers' Compensation premium, as long as the estimated annual standard countrywide Workers' Compensation premium is in excess of \$250,000.

This option provides that such risks may be retrospectively rated as mutually agreed upon by carrier and insured.